

NIS INDUSTRIES CORPORATION

Steve Stanley

Director, Corporate Development

September 1, 1987

Ms. Ruth Mancos Document Control Officer USEPA - Region 5 HE-12 230 South Dearborn Street Chicago, IL 60604

RE: SANITARY LANDFILL COMPANY

1855 CARDINGTON ROAD, MORAINE, OHIO

Dear Ms. Mancos:

Enclosed is additional data in response to the USEPA request for information dated April 20, 1987. The data was discovered as a result of our continuing file search pertaining to the Sanitary Landfill Company. The identification of each attachment is consistent with letters to USEPA from Miles Schmidt (May 22, 1987 and June 22, 1987) and me (August 26, 1987). Enclosed are Attachments T and U as follows:

- Hazardous Waste Manifests and Bills of Lading T indicating the transport of a total of 133,600 gallons of a mix of asbestos and water by IWD Liquid Waste, Inc. from General Motors Inland Manufacturing Plant in Vandalia, Ohio to the Cardington Road landfill for disposal in 1979.
- Copies of Bills of Lading indicating the transport U of an asbestos water mixture by IWD Liquid Waste, Inc. from General Motors Inland Manufacturing Plant in Vandalia to the Cardington Road landfill for disposal in 1979. Although none of the bills were accompanied by manifests, and most of them do not individually indicate that Cardington Road was the landfill in which the wastes were disposed, all 24 of them were clipped together in a file labeled "ASB & H2O SO. Landfill Tickets". would indicate that the materials were disposed in the Cardington Road landfill.

As your records will show, Attachments A through S were forwarded earlier.

Should additional data be discovered, copies will be forwarded.

Sincerely,

Steve Stanley Square

Director, Corporate Development

SS/bj

Attachments

c: C. Miles Schmidt, w/o attachments Ken Tindall, w/attachments

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ATTACHMENT T

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(WD)	INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821 I.W.D. LIQUID WASTE 3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 DANYILLE, INI (513) 969-8346 I.W.D. LIQUID WASTE 133 TWIN BRI DANYILLE, INI (317) 745-2878	IDGES RD DIANA 40	·.
	HAZARDOUS WASTE MANIFEST	A	5836
	TOR OF WASTE (Must be filled in by producer)		. 0000
	nt or type):		
	(NO.) (STREET) (CITY)		
	Numbers: 1513 227 - 8166 P. O. or Contract No. BLANKET		
	ed By: W. THOMAS Date: 5-4-79		
	idustry (SIC No.) MFG Co		
Designate	Disposal/Recovery Facility: <u>/WD So LANDFILL</u>		
	TION OF WASTE (Must be filled by producer)		
	aste: <u>ASBESTOS É H2O</u> sposal facility code numbers)		
Bulk Volu	me:	 :ify)	
	zed Waste: drums pallets		
	tate (circle): solid liquid sludge other(specify)		
-	Properties (circle): none toxic flammable water-reactive strong sensitize	er ce	orrosive or irritar
	air-reactive other (specify)		
pH (circle	_		
Major Cor	oponents: Concentration rochloric acid, lead, lime, crude oil) Upper	ns: (% o≀	r ppm) Lower
_	estas dust		
	ER		
ncial Ha	ndling Instructions (if any):		
DOT Class	ifications: NOT HSTED		
Name of I	AULER (print or type): 100 LIQUIO WASTE		
	Idress: 3106 SUYDER-DOMER DO SPRINGFIELD, O		
Telephone	(NO.) (STREET) (CITY) Number: (S13) 969-8346 Pick-up:	_:	830 am
Waste Hau	ler's Permit No. (if applicable):		
We certify	that the described waste will be delivered to the disposal facility named above.		
The HAUI	ER shall retain Copy 2 after delivery. SIGNATURE OF HAULER OR AUTHORIZED A	AGENT A	AND TITLE
We certify	that the above described waste was delivered to the hauler named herein for disposal at the site name	med abo	ve.
	CERTIFICATION: This is to certify that the above named materials are properly classified, describ- led and are in proper condition for transportation according to the applicable regulations		
Transport	tion, 7		•
DATE	3 - 4 - 7 7 SIGNATURE OF GENERATOR OF AUTHORIZ	ED AGE	NT AND TITLE
The GENE	RATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DES		
POSE	OF WASTE (Must be filled in by disposer)		
ame (pri	ot or type):		
Site Addre	ss:		
We certify	that the hauler named above delivered the described waste to this disposal facility.		
D	Volume measured at site (if applicable):		
Permit No			
	or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):		
Treatment	or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify): waste is to be held for disposal elsewhere, specify final location:		

OF LADING I.W.). LIQUIC	WASTE	INC.	16747	
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Order Placed By: W. TH			Date:	1114 I	1979
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Designated Disposal/Recovery Fac	cility: <u>/W/</u>	SO LANDEI	LL , DAY.	ION, CH	
DESCRIPTION OF WASTE (Mus	t be filled by produc	cer)	•		
Type of Waste: // Code number	S & HAD				
imulcate disposal facility code number					-
					• •
Bulk Volume: 200 gallons	tons_	cubic y	ards	other(specify)	
Containerized Waste:		p			
Physical State (circle): solid	liquid sludge	other(specify)			
Hazardous Properties (circle):	none toxic	flammable v	water-reactive s	trong sensitizer	corrosive or irri
•	air-rea	active other (s	pecify)		
pH (circle): less than 3	greater than 10				
Major Components:				Concentrations: (
(Ex: Hydrochloric acid, lead, lime	e, crude oil)			Jpper	Lower
1. 11/1/5/03 DU	۵/				
2. WHICK					
3					
				· · · · · · · · · · · · · · · · · · ·	
cial Handling Instructions (if a	ny):				
IVA I	KIEN				
DOT Classifications:	11110 111	DIVID LIVARTE			
Name of HAULER (print or type) Business address: 3/06	JUNED- IN	MA PA	SPANADI	E(1) 1)	
(NO.)	(STREET)	,	(CITY)	^	a /S
Telephone Number: 5/3-9	69-834 G	Pick-up:	Times:_	<u>5-1-29:</u>	pn
Waste Hauler's Permit No. (if appl	icable):		1 1 11/	-	
We certify that the described wast	e will be delivered to	o the disposal facility p	named above	J .	
The HAULER shall retain Copy 2	after delivery.		E OF HAULER OR	$U \subseteq I$	ALT AND TITL
We certify that the above describe	ed waste was deliver				
SHIPPER'S CERTIFICATION: This is	to certify that the	above named material	s are properly clas	sified, described,	packaged, marke
and labelled and are in prope Transportation.	r condition for trai	nsportation according	to the applicable	egulations of t	he Department o
DATE 3 -/-	17	SIGNATUR	E OF GENERATOR	OR AUTHORIZED	AGENT AND TITE
The GENERATOR shall retain Co	py 4 of this manifes	\			
POSER OF WASTE (Must be		· · ·			
ame (print or type):					
Site Address:					
We certify that the hauler named			disposal facility.		
Permit No.		Volume me	easured at site (if a	oplicable):	
Treatment or Recovery Process (ci	role): Treatment	Spreading Area S	SKF Area Other	(specify):	
If waste is to be held for o	lisposal elsewhere, s	pecify final location:	Ĵ	/ 1	
Disposal Date:			Zuis 1	Vall	
		• •		errer der der errer	STE ARTHERE

OF LADING I.W.D. LIQU	ID WASTE	INC. 16746
OMER:	TYPE OF SERVICE	TYPE OF LIQUID
INTANO METER	BARRELS	ACID
OCATION:	TANK	SOLVENT
WARDOWIA A	☐ OTHER	
RUCK	DISPOSAL FACILITY	
10.1 (1/10 DATE: 14-30-74)	□ 1,w.b.	LICAUSTIC
ONSIGNOR REPRESENTATIVE:	SYSTECH	CYANIDE
Jan Marie		OTHER IN PLANT - 1.45 AM CUT." - 27 PM REMARKS: N. BCCT/C JH, D
W.D. LIMINID WASTE.	LANDFILL SU	IN ALANT - 1.45 Am
MMC	OTHER	BEMARKS.
SPOSAL FACILITY REPRESENTATIVE:		NRESTOS AHID 3
- 1. N. Ol	VOLUME	7 305 41 C
NKAGE TRANSFR		LOI HIL CLAS:
	BARRELS	1 INCTUSTO)
SALLONS:	GALLONS Z	
ANK NO.:		·
MAIN OFFICE: 3975 WAGONER FORD R DAYTON, OHIO 45414 (513) 278-0821	D. 3106 SNYDER-D SPRINGFIELD, O (513) 969-8346	OMER RD. 133 TWIN BRIDGES RD.
HAZA	RDOUS WASTE MAN	JIFFST
· · · · · · · · · · · · · · · · · · ·		A 5582
GENERATOR OF WASTE (Must be filled in by p	noqueer)	
ne (print or type): [NUHD] [[H]	- 1	
ick up Address: ELGLE RO	VANDACIA, C)
(NO.) (STREET)		(CITY)
Telephone Numbers: (5/3) 12 1-830	5 P. O. or Co	ontract No. BLANKET
Order Placed By: W. THOMAS		Date: HIKIL 30, 14 19
Type of Industry (SIC No.) MF6 6.		
Designated Disposal/Recovery Facility:). So LANDFIC	16 DANTON, O
•		
DESCRIPTION OF WASTE (Must be filled by pro	ducer	
Type of Waste: // // // // // // // // // // // // //		
(Indicate disposal facility code numbers)		
	-	vater-reactive strong sensitizer corrosive or irri
		pecify)
pH (circle): less than 3 greater than 10)	
Major Components:		Concentrations: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper Lower
1000000 Ahor		
MARCO		
3		
cial Handling Instructions (if any):		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MOT IKTEN		
OOT Classifications: IVOI USIED	MUN INCO	~~
	IDUID WASTE	
	MER RO S	SKUNTICU, U
(NO.) (STREET		(CITY) // 20 70 145 -
Telephone Number: <u>\$15</u> 469-8344	² _ Pick-up:	Times: 4-50-79: 132 pm
Vaste Hauler's Permit No. (if applicable):	1	
We certify that the described waste will be delivere	ſV	safed Arabel
,	//V	WINTER COM
he HAULER shall retain Copy 2 after delivery.	SIGNATUR	E OF HAULER OR AUTHORIZED AGENT AND TITLE
We certify that the above described waste was deli-		
SHIPPER'S CERTIFICATION: This is to certify that the	he above named materials	s are properly classified, described, packaged, marked to the applicable regulations of the Department of
1 4-30-17		W Chomen
DATE	,	OF GENERATOR OF AUTHORIZED AGENT AND TITLE
he GENERATOR shall retain Copy 4 of this man	ifest after completing the (GENERATOR and WASTE DESCRIPTION portions.
POSER OF WASTE (Must be filled in by dispo	oser)	
Name (print or type):		
ite Address:		
We certify that the hauler named above delivered t		
Permit No	Volume ma	asured at site (if applicable):
Treatment or Recovery Process (circle): Treatme	and the second second	F Area Other (specify):
		•
If waste is to be held for disposal elsewhere	e, specify final location:	· / · · · · · · · · · · · · · · · · · ·
If waste is to be held for disposal elsewhere	e, specify final location:	Z. X.

RILL OF LADING I.W.D. LIQUI	D WASTE INC. 16743
DATE: 4-28-79 TRUCK DATE: 4-28-79 CONSIGNOR REPRESENTATIVE: LW.D. JIGUID WISSE: TANKAGE TRANSFER: GALLONS: 2000	TYPE OF SERVICE TYPE OF SERVICE TYPE OF LIQUID BARRELS ACID TANK SOLVENT OIL DISPOSAL FACILITY CAUSTIC I.W.D. SYSTECH ANDFILL OTHER OTHER OTHER OTHER OTHER OTHER VOLUME BARRELS GALLONS ACCO WIT AND ACCO VOLUME BARRELS GALLONS ACCO VOLUME DOT HAZ CLASS:
TANK NO.: DIFF	
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821	I.W.D. LIQUID WASTE 3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346 I.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122 (317) 745-2878
	DOUS WASTE MANIFEST A 5581
ne (print or type): MAND MFG	ducer)
ck up Address: EXSLE RD	VANDALIA, O
(NO.) (STREET) Telephone Numbers: (5/3) 227-83	P. O. or Contract No. BLANKET
Order Placed By: W. THOMAS	Date: APLIL 28, 1979
Type of Industry (SIC No.) MFG Co	CLAUDELL DAUGAN D
Designated Disposal/Recovery Facility://	So LAWOFILL WAYTON, O
Type of Waste: ASESTOS 9 H2	\mathcal{D}
(Indicate disposal facility code numbers)	
1000	
Bulk Volume:gallonstons	cubic yards other(specify)
	palletsother
Physical State (circle): solidliquid_/ sludge Hazardous Properties (circle):	
P	active other(specify)
pH (circle): less than 3 greater than 10	
Major Components: {Ex: Hydrochloric acid, lead, lime, crude oil}	Concentrations: (% or ppm) Upper Lower
1 ASBESTOS DUST	
2 WATER	
DOT Classifications: NOT USTED	WINCO DOUGO ON STOWERS O
1/11/1 1 1/1/11/1	NYDER-DOMER RD STRINGFIELD, O
Business address: (NO.) (STREET)	(CITY) // 25 70 am
* *	Pick-up: Times: 4/28
Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to	to the discoul facility found the
	to the disposal recently gamed above.
The HAULER shall retain Copy 2 after delivery.	SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE
SHIPPER'S CERTIFICATION: This is to certify that the	above named materials are properly classified, described, packaged, marked insportation according to the applicable egulations of the Department of
DATE	SIGNATURE OF GENERATOR OF AUTHORIZED AGENT AND TITLE
	st after completing the GE√ERATOR and WASTE DESCRIPTION portions.
POSER OF WASTE (Must be filled in by dispose	r)
Site Address:	
We certify that the hauler named above delivered the	
Permit No	Volume measured at site (if applicable):
Treatment or Recovery Process (circle): Treatment	
If waste is to be held for disposal elsewhere, so $\gamma = 10^{-1}$ and $\gamma = 10^{-1}$ a	x Jina M. Wills
Asposal Date X 1 64 0 11	V MINING FILE DELIZIONO

Biit OF LADING	I.W.D. LIQUII	WASIL	ING. 10/41	
MER:	La Santa La La Calabara	TYPE OF SERVICE	TYPE OF LIQUID	
III ANTO	MEX	BARRELS	ACID	-
LOCATION		-TANK	SOLVENT	4 1
VANDAÜI	40	OTHER	oı	- '
TRUCK COLO	DATE: 4-27-79	DISPOSAL FACILITY	CAUSTIC	4 1
CONSIGNOR REPRES	NPATIVE:	I.W.D.	CYANIDE	- <u>g</u>
Mich	was	LANDFILL S	OTHER	- SPO
I.W.D. LICUID WASTE		OTHER	10 PLANT - 7.00 AM	SAL (
DISPOSAL FACILITY RI	PRESENTATIVE:		REMARKS:	DISPOSAL COPY
1. 1	``	VOLUME	ASSECTION OF HIS	
TANKAGE TRANSFER	trante.	BARRELS	DOT HAZ CHES:	,
GALLONS:		GALLONS 2000	MY HOSEDI	
TANK NO.:				
				_
	STRIAL WASTE DISPOSAL	XXXXXW.D. LIQUI		MICAL DISPOSAL
	OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	3106 SNYDER-DO SPRINGFIELD, OI		
	(513) 278-0821	(513) 969-8346	(317) 745-2878	
	HAZARI	OOUS WASTE MAN	IFEST	A 5817
. GENERATOR OF V	VASTE (Must be filled in by prod INLAND MANUFACTURI)			001.
ne (print or type):		lia, Ohio 45377	
ж up Address:	Engle Road (NO.) (STREET)	4411041	(CITY)	
Telephone Numbers	1 237 8303	P. O. or Co	intract No	
Order Placed By:	Standing order		Date: APRIL A	27, 1979
Type of Industry (S				
Designated Disposal	Recovery Facility:IWD SOUT	TH LANDFILL, K	Kettering OH	
DESCRIPTION OF	WASTE (Must be filled by produc	cer)		
Type of Waste:	estos/water			
(Indicate disposal facili	ty code numbers)			
				
Bulk Volume: 20	gallonstons_	cubic va	ards other(specif	fv).
Containerized Waste			illets	
Physical State (circle): solid <u>liquid</u> sludge	other(specify)		
Hazardous Propertie	s (circle): none toxic	flammable w	rater-reactive strong sensitizer	corrosive or irritant
	air-rea	ctive other (sp	ecify)	
pH (circle): les	s than 3 greater than 10			
Major Components:			Concentrations	
	icid, lead, lime, crude oil)		Upper	Lower
1.10-0				
	tructions (if any):			····
cial Francising Ins	indetions (if any).			
DOT Classifications:	non hazardous	-no placarding	required	
	print or type): I W D LIC	_	-	
Business address:	106 Snyder Domer Road,	Springfield, O	hio 45502	
	(NO.) (STREET)		(CITY)	2 1400 am
	1 969 8346	,	Times: 7-27-7	
	t No. (if applicable):	1 //		
We certify that the d	escribed waste will be delivered to	o the disposal facility na	amed above	-
The HAULER shall r	etain Copy 2 after delivery.	SIGNATURE	OF HAULER OF AUTHORIZED AS	GENT AND TITLE
We certify that the a	bove described waste was delivere	ed to the hauler named	herein for disposal at the site nam	ied above.
SHIPPER'S CERTIFICA	TION: This is to certify that the c	sbove named materials	are properly classified, describe	d, packaged, marked
Transportation	we in proper condition for tran	V 20	19//	•
DATE	4-27-79	SIGNATURE	OF GENERATOR OR AUTHORIZE	D AGENT AND TITLE
The GENERATOR s	hall retain Copy 4 of this manifes			
POSER OF WAS	TE (Must be filled in by disposer	}		
vame (print or type)				
Site Address:				
,	auler named above delivered the o		•	
Permit No		Volume mea	asured at site (if applicable):	
T	tu Brance Inicala): Transmost	Consoling Asset Cl	LE Area Other Japaniful:	

Disposal Date:

I.W.D. LIQUID	WASTE I	NC. 16/39	_ ,
TOTALIO MEG LOCATION VALOALIA, O	TYPE OF SERVICE BARRELS TANK OTHER	TYPE OF LIQUID ACID SOLVENT OIL	
TRUCK NO.: DATE: 4-76-79 CONSIGNOR REPRESENTATIVE: DISPOSAL FACILITY REPRESENTATIVE:	DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL SO OTHER	CAUSTIC CYANIDE OTHER IN PLANT - 7.05 AM COT 11 - 7.45 AM REMARKS: ASESTES - H2C	DISPOSAL COPY
TANKAGE TRANSFER: GALLONS: TANK NO.:	VOLUME BARRELS GALLONS 2000	DOT HAZ CIAS: [NCT LISTSO]	



INDUSTRIAL WASTE DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD.
DAYTON, OHIO 45414
(513) 278-0821

3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346

I.W.D. CHEMICAL DISPOSAL
133 TWIN BRIDGES RD.
DANVILLE, INDIANA 46122
(117) 745-2878

(513) 278-0821	(513) 969-8346	(317) 745-2878	
н	AZARDOUS WASTE MANIFEST		A 5801
GENERATOR OF WASTE (Must be filled in		•	_ 5001
me (print or type):			
. ick up Address: Engle Road	Vandalia, Ohio 4537	7	
(NO.) (STRE		Blankat Oudau	
	P. O. or Contract No Date:		
		-	
	TO COURSE LANDERLY Development		
-	D SOUTH LANDFILL, Dayton, Ohi	Q	
DESCRIPTION OF WASTE (Must be filled b			
Type of Waste: asbestos & water (Indicate disposal facility code numbers)			Managed and a
			-
1000			-
	tons cubic yards		
Containerized Waste:	drums pallets		other
Physical State (circle): solid	sludge other(specify)		
Hazardous Properties (circle): none	toxic flammable water-reactive	strong sensitizer	corrosive or irritar
	air-reactive other (specify)		
pH (circle): less than 3 greater th	an 10		
Major Components:		Concentrations:	
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper	Lower
1.11760			
2. WHICK			
3			
4			
ecial Handling Instructions (if any):			
DOT Classifications: non hazardous	no placarding required		
Name of HAULER (print or type): I W	D LIQUID WASTE INC		
	er Road, Springfield, Ohio 45	502	
(NO.) IST	REET) (CITY) Pick-up:Times	4-26-59	700 am
	3	: <u>/ & / / :</u>	
Waste Hauler's Permit No. (if applicable):	/ A / I I I I I	/ - 	
We certify that the described waste will be de	livered to the disposal facility named above.	77	
The HAULER shall retain Copy 2 after delive	ry. SIGNATURE OF HAULER O	B AUTHORIZED AGI	ENT AND TITLE
We certify that the above described waste wa	s delivered to the hauler named herein for dispo		
SHIPPER'S CERTIFICATION: This is to certify t	hat the above named materials are properly c	lassified, described,	packaged, marked
and labelled and are in proper condition	for transportation according to the applical	olf regulations of	the Department of
V 4-76-11	SIGNATURE OF GENERATO	mas	
DATE			
SPOSER OF WASTE (Must be filled in by	manifest after completing the GENERATOR a	ING WAS LE DESCR	IF FIUN PORTIONS.
·	•		
Name (print or type):			
Site Address:			· · · · · · · · · · · · · · · · · · ·
•	ered the described waste to this disposal facility		
Permit No.	Valuma massured at site Lit	amount to a be body.	

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

Disposal Date:

If waste is to be held for disposal elsewhere, specify final location:

· OF LADING	I.W.D.	LIUUH	D WASTE	INC.	16693	100
JMER.	M. Ge		TYPE OF SERVICE	TYPE	OF LIQUID	
		100	BARRELS	D	ACID	
CATION:	10.440		TANK.	0	OLVENT	
VANDA	TIA Ohio		OTHER	n .	Oil	
NUCK	18 11 1 21 21	~~~	DISPOSAL FACILITY	1 =		1
10. 7521	MATE: 7	<u> </u>	☐ i.w.b.		AUSTIC	1 .
UNSIGNUKKER	GENIALIYE:		SYSTECH		YANIDE	S.
VD. HOOLD WA	STEPPE	. 1	LANDFILL		OTHER	lg ∰
	1111	1.	OTHER	F315-1	S/1. ATX	DISPOSAL COPY
SPOSAL FACILITY	Y REPRESENTATIVE			REMARKS:	(SISIFIED)	ğ ·
	x1.01		VOLUME	· la	55	
ANKAGE TRANS	FER:		BARRELS	10,71)	
	t p		Trac	TOTE:		
GALLONS:	-		GALLONS 2	1 / 1	200	
ANK NO.:				<u> </u>	1	<u>.</u>
						-
	IDUSTRIAL WASTE AIN OFFICE: 3975 WAGE DAYTON, ((513) 278-0	ONER FORD RD. DHIO 45414	I.W.D. LIQU 3106 SNYDER-E SPRINGFIELD, C (513) 969-8346	OMER RD.	I.W.D. CHEM 133 TWIN BRIDG DANVILLE, INDIA (317) 745-2878	
		HAZARI	DOUS WASTE MAI	VIFEST		A 5774
GENERATOR C	F WASTE (Myst be	filled in by pro	ducer)		4	CA JIII
ne (print or t	ype): IN/AN)	<u>) </u>		<i>t</i>		
ck up Address:		ENGLE.	RD	SWDALIA		
	(NO.)	(STREET)		(CITY)		
Telephone Numb	N-X4 D5V		P. O. or C	ontract No	4-75 79	1
Order Placed By	DEPTOSO			Date:	7 25-11	
Type of Industry				77		
Designated Dispo	sal/Recovery Facility	$\mu \sim \omega_D$	South L	^ \ h.l l		
Type of Waste: ∠	OF WASTE (Must be ASDESTOS/ acility code numbers)		,	ANDTILL		
Type of Waste: (Indicate disposal f	//3/bE5/05/(acility code numbe/s)	filled by produ	,			
Type of Waste: ∠	//3/bE5/05/(acility code numbe/s)	filled by produ	,		other(specify	
Type of Waste: (Indicate disposal f	ASDESTOS/(acility code numbers)	filled by produ	cer)	ards	other(specify	
Type of Waste: (Indicate disposal f	A) DE 570 S (acility code numbers) OOO gallons aste:	filled by produ	cer)	ards		
Type of Waste: A (Indicate disposal for Bulk Volume: 2)	ASDE 5705 (acility code numbers) OOO gallons aste: rcte): solid lig	tons sludge toxic	cer) cubic yp other(specify)	ardsalletswater-reactive	strong sensitizer	other
Type of Waste: (Indicate disposal f Bulk Volume: Containerized W. Physical State (ci	dility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc	tons sludge toxic	cer) cubic yp other(specify)	ardsalletswater-reactive		other
Type of Waste: A (Indicate disposal for Bulk Volume: Containerized W. Physical State (cit Hazardous Property (circle): Major Componer	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc	tons	cer) cubic yp other(specify)	ardsalletswater-reactive	strong sensitizer	corrosive or irri
Type of Waste: A (Indicate disposal for Bulk Volume: Containerized W. Physical State (ci Hazardous Proper pH (circle): Major Componer (Ex: Hydrochlor	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 grants: ric acidy lead, lime, critic acidy lead, lime, critic	tons	cer) cubic y other(specify) flammable active other(s	ardsalletswater-reactive	strong sensitizer Concentrations: Upper	other
Type of Waste: A (Indicate disposal for Bulk Volume: Containerized W. Physical State (ci Hazardous Proper pH (circle): Major Componer (Ex: Hydrochlor	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc	tons	cer) cubic yp other(specify)	ardsalletswater-reactive	strong sensitizer Concentrations: Upper	corrosive or irri
Type of Waste: A (Indicate disposal for Bulk Volume: Containerized W. Physical State (ci Hazardous Proper pH (circle): Major Componer (Ex: Hydrochlor	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 grants: ric acidy lead, lime, critic acidy lead, lime, critic	tons_drums sludge toxic air-re:eater than 10	cer) cubic y other(specify) flammable active other(s	ardsalletswater-reactive	strong sensitizer Concentrations: Upper	corrosive or irri
Type of Waste: / (Indicate disposal file of the container ized W. Physical State (cile of the container ized W. Ph	gallons active code numbers gallons active (circle): less than 3 gradus: include acid, lead, fime, crites (5 70 S	tons	cer) cubic y other(specify) — flammable active other(s	ardsalletswater-reactive	strong sensitizer Concentrations: Upper	corrosive or irri
Type of Waste: A (Indicate disposal for Bulk Volume: Containerized W. Physical State (ci Hazardous Proper PH (circle): Major Componer (Ex: Hydrochlor): 1.	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 gra its: ric acid, lead, lime, cri	tons_drums sludge toxic air-re:eater than 10	cer) cubic y other(specify) — flammable active other(s	ardsalletswater-reactive	strong sensitizer Concentrations: Upper	corrosive or irri
Type of Waste: / (Indicate disposal file of the container ized W. Physical State (cile of the container ized W. Ph	gallons active code numbers gallons active (circle): less than 3 gradus: include acid, lead, fime, crites (5 70 S	tons_drums sludge toxic air-re:eater than 10	cer) cubic y other(specify) — flammable active other(s	ardsalletswater-reactive	concentrations:	corrosive or irri (% or ppm) Lower
Type of Waste: A (Indicate disposal for Bulk Volume: Containerized W. Physical State (ci Hazardous Proper PH (circle): Major Componer (Ex: Hydrochlor): 1.	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 gra its: ric acid; lead, fime, cri ESTOS Instructions (if any):	tons_drums sludge toxic air-re:eater than 10	cer) cubic y other(specify) flammable active other(s	ardsalletswater-reactive	concentrations:	corrosive or irri (% or ppm) Lower
Type of Waste: / (Indicate disposal file and imposal file	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 gra its: ric acid; lead, fime, cri ESTOS Instructions (if any):	tonsdrums sludge toxic air-re: eater than 10	cer) cubic y other(specify) flammable active other(s	ardsalletswater-reactive pecify)	concentrations:	corrosive or irri (% or ppm) Lower
Type of Waste: / (Indicate disposal file and imposal file	acility code numbers) OOO gallons aste: rcle): solid lighter for	tonsdrums sludge toxic air-re: eater than 10	cer) cubic y other(specify) flammable active other(s	ardsalletswater-reactive pecify)	concentrations:	corrosive or irri (% or ppm) Lower
Type of Waste: A (Indicate disposal for Bulk Volume: Z Containerized W. Physical State (ci Hazardous Proper Hazardous Proper Hazardous Proper (Ex: Hydrochlord Land Handling DOT Classification Name of HAULE	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 gra its: ric acid, lead, lime, cri E 5 70 S Instructions (if any): R (print or type): 1 3 106 SA	tons drums sludge toxic air-re: eater than 10 VON (STREET)	cubic y other(specify) flammable active other(s	ardsalletswater-reactive pecify)	Concentrations: Upper	corrosive or irri (% or ppm) Lower
Type of Waste: A (Indicate disposal for Bulk Volume: Containerized W. Physical State (ci Hazardous Proper pH (circle): Major Componer (Ex: Hydrochlor) 1.	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 gra its: ric acid, lead, lime, cri E 5 70 S Instructions (if any): R (print or type): 1 3 106 SA	tons	cubic y cubic y other(specify) — flammable active other(s	ardsallets	Concentrations: Upper	corrosive or irri (% or ppm) Lower
Type of Waste: A (Indicate disposal for Indicate disposal for Indi	acility code numbers) OOO gallons aste: rcle): solid lig rties (circle): nc less than 3 gra tts: ric acid; lead, lime, cri E S TOS Instructions (if any): ONS: NO. (NO.) Per: 513 96 9 ermit No. (if applicable)	tons	cubic y cubic y other(specify) flammable active other(s	ardsallets	Concentrations: Upper	corrosive or irri (% or ppm) Lower
Type of Waste: A (Indicate disposal for Indicate disposal for Indi	acility code numbers) OOO gallons aste: rcle): solid lig rties (circle): nc less than 3 gra tts: ric acid; lead, lime, cri E S TOS Instructions (if any): ONS: NO. (NO.) Per: 513 96 9 ermit No. (if applicable)	tons_drums sludge toxic air-re: eater than 10 which is to	cubic y other(specify) — flammable active other (s	ardsallets	Concentrations: Upper	corrosive or irri (% or ppm) Lower
Type of Waste: A (Indicate disposal for Indicate disposal for Indi	acility code numbers) OOO gallons aste: rcle): solid liq rties (circle): nc less than 3 gra sts: ric acid, lead, lime, cri STOS Instructions (if any): R (print or type): R (print or type): STOS ermit No. (if applicable the described waste with the described waste with the compact of t	tons_drums sludge toxic air-re: eater than 10 where toxic air-re: eater than 10 wher	cubic y other(specify) — flammable active other (s	ardsallets	Concentrations: Upper GF/G D C	corrosive or irri (% or ppm) Lower
Type of Waste: A (Indicate disposal for Indicate disposal for Indi	acility code numbers) acility code numbers acility code n	tons	cubic y other(specify) — flammable active other(s OMER R) Pick-up: o the disposal facility SIRNATUR ed to the hauler named above named material	ards	Concentrations: Upper GF-16 D C AUTHORIZED AG asal at the site name lassified, described	corrosive or irri (% or ppm) Lower PM am pm ENT AND TITLE d above. packaged, marked
Type of Waste: A (Indicate disposal for Indicate disposal for Indi	acility code numbers) acility code numbers acility code n	tons	cubic y other(specify) flammable active other(s OHER R) Pick-up: o the disposal facility of the disposal facility of the hauler named	ards	Concentrations: Upper GF-16 D C AUTHORIZED AG asal at the site name lassified, described	corrosive or irrit (% or ppm) Lower ENT AND TITLE d above. , packaged, marked
Type of Waste: A (Indicate disposal for Indicate disposal for Indi	acility code numbers) acility code numbers acility code n	tons	cubic y other(specify) — flammable active other(s SISNATUR Pick-up: o the disposal facility subject of the hauler named above named material nsportation according	ards	Concentrations: Upper AUTHORIZED AG Soal at the site name lassified, described ple regulations of	corrosive or irrit (% or ppm) Lower PM am pm ENT AND TITLE d above. packaged, marked

Disposal Date

We certify that the hauler named above delivered the described waste to this disposal facility.

Name (print or type): ___ Site Address:

Lin X/all

MERI	TYPE OF SERVICE	. 1 🕮 a Grad	OF LIQUID ACID		
CATION:	BARRELS TANK		SOLVENT	7	
VANDALIA Ohio	OTHER		OIL		
uck / // / / / / / / / / / / / / / / / /	DISPOSAL FACILITY		CAUSTIC		
DATE: 7 - / / DASIGNOR REPRESENTATIVE:	☐ ·I,W.D.		CVALIDE		
nill	SYSTECH		27/150	Disposal COPY	
D. YHOUID WASTE	LANDFILL	27	OTHER	8	
A on I love I'm	☐ OTHER	REMARKS:	-/1 + +- k	CO #	the findings is a feeting about the property of the section of the
SPOSAL EACILITY REPRESENTATIVE:		WHED	いいたほう	YY }	
Dans Hall	VOLUME	7. 7	59	;	
NKAGE TRANSFER:	BARRELS	1746	r	•	
ALLONS:	GALLONS	-11/00	ر ر		
ANK NO.:					
	-				
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD	XXXX.W.D. LIQU		I.W.D. CHEM	CAL DISPOSAL ES RD.	÷ 19
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, C (513) 969-8346		DANVILLE, INDIA (317) 745-2878	NA 46122	
	RDOUS WASTE MAI	NIFEST	À	A 5798	
GENERATOR OF WASTE (Must be filled in by pr ne (print or type): INLAND MANUFACTURI					
Engle Road,	Vandalia	, Ohio 4537	7		
(NO.) (STREET)		(CITY)	lanket order		
	P. O. or C		1/ On O	<u> </u>	
Order Placed By: Stankling order		Date	7-25-1	7	
Type of Industry (SIC No.)	CHEMICAL, Sou	hh Iondfill	Ohio		
Designated Disposal/Recovery Facility:	CHEMICAL, SOU	ru randirii			
			, 0010		
DESCRIPTION OF WASTE (Must be filled by prod			, 0110		
Type of Waste: _asbestos/water			, 01110		
			, 0110	-	
Type of Waste: _asbestos/water			, 0110		
Type of Waste:asbestos/water	ucer)				
Type of Waste: _asbestos/water	ucer)	vards	other(specify		
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume 200 gallonstons Containerized Waste:drums	ucer)	vards	other (specify	other	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	cubic y	vards	other (specify	other	ı
Type of Waste: asbestos/water Indicate disposal facility code numbers) Bulk Volume	c flammable	vards pallets water-reactive	other (specify	corrosive or irritant	ı.
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	c flammable	vards pallets water-reactive	other(specify	corrosive or irritant	ı
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	c flammable	vards pallets water-reactive	other(specify strong sensitizer	corrosive or irritant (% or ppm)	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	c flammable	vards pallets water-reactive	other(specify	corrosive or irritant	ı
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	cubic y cubic y cubic y fige other(specify) c flammable eactive other(s	vards pallets water-reactive specify)	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	c flammable eactive other(s	vards	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	c flammable eactive other(s	vards	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	cubic y cubic y cubic y fige other(specify) c flammable eactive other(s	vards	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	cubic y cubic y cubic y fige other(specify) c flammable eactive other(s	vards v	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	
Type of Waste:asbestos/water [Indicate disposal facility code numbers] Bulk Volume:	cubic y cubic y ge other(specify) — c flammable eactive other(s	vards vards valets water-reactive specify)	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	cubic y ge other(specify) c flammable eactive other(s	vards	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	
Type of Waste:asbestos/water (Indicate disposal facility code numbers) Bulk Volume	cubic y ge other(specify) c flammable eactive other(s	vards	other(specify strong sensitizer Concentrations: Upper	corrosive or irritant (% or ppm) Lower	

We certify that the described waste will be delivered to t SKATURE OF HAULER OR AUTHORIZED AGENT AND TITLE The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. 3 GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. SPOSER OF WASTE (Must be filled in by disposer) Name (print or type): ____ We certify that the hauler named above delivered the described waste to this disposal facility. Votume measured at site (if applicable): Treatment or Recovery Process (circle): Treatment(Spreading Area) SLF Area Other (specify): If waste is to be held for disposal elsewhere, specify final location: Disposal Date:

OF LADING I.W.D. LIQUI	WASTE	INC. 16737	•
JMER:	TYPE OF SERVICE BARRELS	TYPE OF LIQUID ACID	
LOCATION:	L IANK	SOLVENT	
TRUCK	DISPOSAL FACILITY		<u>세출함</u> 급환
NO.: DATE: 14-74-	☐ I.W.D.	CAUSTIC	
Millians	SYSTECH	OTHER	DISPOSAL COPY
LWD IRQUIDWASTES	OTHER	IN PLANT - 12 40 PM	7 SAL
DISPOSAL FACILITY REPRESENTATIVE:		REMARKS:	СОРУ
Lois Hall	VOLUME	Det INT CASS	
TANKAGE TRANSFER.	BARRELS	WITTORN	
GALLONS:	GALLONS LIKE	1101 15300	
TANK NO.:			
			4.245
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD.	J.W.D. LIQUI		MICAL DISPOSAL
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, OF (513) 969-8346		DIANA 46122
HAZARD	OOUS WASTE MAN		
I. GENERATOR OF WASTE (Must be filled in by proc			A 5578
ne (print or type): <u>INLANO</u> MFG	O VANDALIA	2	
(NO.) (STREET)		(ICITY)	
,,	6P. O. or Co	ntract No. BLANKET	7/ 79
Order Placed By: W. THOMPS Type of Industry (SIC No.) MFG CO-		Date: APRIL 2	4-77
Designated Disposal/Recovery Facility: 1WD	So LANDFIC	L DAYTON	0
DESCRIPTION OF WASTE (Must be filled by produc	cer)		
Type of Waste: // // // // (Indicate disposal facility code numbers)			
			
Bulk Volume: 2000 gallons tons	cubic va	rdsother(speci	fv)
		liets	
Physical State (circle): solid liquid sludge	other(specify)		
Hazardous Properties (circle): none toxic		rater-reactive strong sensitize	
air-rea pH (circle): less than 3 greater than 10	other isp	ecify)	
Major Components:		Concentration	s: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper	Lower
IN Aren			
3			
4			
ecial Handling Instructions (if any):			
DOT Classifications: NOT USTED			
Name of HAULER (print or type): 100	QUID WAS	E SOURT	(~100)
Business address: SIU SUYDER: (NO.) (STREET)	-DOMER	RD SPRIMPI	ELO, O
Telephone Number: 5/3 469-8346	Pick-up:	Times: 4-24-7	9_12 pm
Waste Hauler's Permit No. (if applicable):	1	/, ///	
We certify that the described waste will be delivered to	o the disposal facility na	amed ahoue.	*
The HAULER shall retain Copy 2 after delivery.	•	OF HAULER OR AUTHORIZED A	
We certify that the above described waste was delivere SHIPPER'S CERTIFICATION: This is to certify that the c			
and labelled and are in proper condition for transportation.			
DATE 4 - 24 - 17	SIGNATURE	OF GENERATOR OF AUTHORIZ	D AGENT AND TITLE
a GENERATOR shall retain Copy 4 of this manifest		GENERATOR and WASTE DESC	CRIPTION portions.
ISPOSER OF WASTE (Must be filled in by disposer)		

If waste is to be held for disposal elsewhere, specify final location:

We certify that the hauler named above delivered the described waste to this disposal facility.

2 Jan World

i. TT.D. LIQUI	D WASTE	INC. 166	90
JSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	
TNAND	GARRELS	ACID	
XATIÓN:	TANK	SOLVENT_	
VANDALIA ONIO	OTHER	OIL	
RUCK 1 1/ 92 CO	DISPOSAL FACILITY		
O.: 1001 DATE: 4-23.79	□ I.W.D.	CAUSTIC	
ONSIGNOR BEPRESENTATIVE:	☐ SYSTECH	CYANIDE	
W.D. LIQUID WASTE:	LANDFILL	OTHER _	DISPOSAL COPY
	OTHER	4.1.37ks/1 1 += 1	<u>P</u> . i.
SPOSAL FACILITY REPRESENTATIVE:		REMARKS:	OP LE
F. Xall	VOLUME	1 Server	
ANKAGE TRANSFER:	BARRELS		
GALLONS:	7 -	7925	
,	GALLONS	1	
ANK NO.:			
MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821	XXXXXX 1.W.D. LIQU 3106 SNYDER-E SPRINGFIELD, C (513) 969-8346	OOMER RD. 133 TWII	CHEMICAL DISPOSAL N BRIDGES RD. E, INDIANA 46122 5-2878
	DOUS WASTE MAI		
JERATOR OF WASTE (Must be filled in by pro		TII LUI	A 5773
INLAND MANUFACTURING Name (print or type):	ducer /		
Pick up Address:	Vandal	ia, Ohio 45377	
(NO.) (STREET)		(CITY)	
Telephone Numbers: 227 8303	P. O. or C	ontract No	
Order Placed By: DEDT 830		11 0.	~ /)U/
V. U.V. 1 10000 U7.		Date: 4-2.	5-71
Type of Industry (SIC No.) MFG		Date:	3-77
Type of Industry (SIC No.) MFG	outh Landfill,	Dayton, Oho	3-77
Type of Industry (SIC No.) MFG			3-/1
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S			3 - / 1
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by produ			3-/1
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by produ Type of Waste: asbestos,			3 - / 1
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by produ Type of Waste: asbestos, (Indicate disposal facility code numbers)	ocer)	Dayton, Oho	3 - // I
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by produ Type of Waste: asbestos, (Indicate disposal facility code numbers) Bulk Volume: 2000 gallons tons	cubic y	Dayton, Oho	
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by produ Type of Waste: asbestos, (Indicate disposal facility code numbers) Bulk Volume: 2000 gallons tons. Containerized Waste: drums	cubic y	Dayton, Oho	
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by produ Type of Waste: asbestos, (Indicate disposal facility code numbers) Bulk Volume: 2000 gallons tons. Containerized Waste: drums Physical State (circle): solid iquid sludge	cubic y	Dayton, Oho	other
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the filled by pro	cubic y cubic y cubic y fe other(specify)	Dayton, Oho ardsother ballets water-reactive strong sens	other
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the following of Waste: as bestos, a	cubic y cubic y cubic y fe other(specify)	Dayton, Oho	other
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y cubic y fe other(specify)	Dayton, Oho ardsother pallets water-reactive strong sens	other other
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the following of Waste: as bestos, a	cubic y cubic y cubic y fe other(specify)	Dayton, Oho ardsother pallets water-reactive strong sens	other
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the filled by pro	cubic y cubic y cubic y cubic y fa other(specify) flammable active other(s	Dayton, Oho ardsother ballets water-reactive strong sense pecify) Concentr Upper	other corrosive or irri
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y cubic y fe other(specify) flammable active other(s	Dayton, Oho ardsother ballets water-reactive strong sense pecify) Concentr Upper	other corrosive or irri
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y cubic y fe other(specify) flammable active other(s	Dayton, Oho ardsother vallets water-reactive strong sense pecify) Concentr Upper	other corrosive or irri
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y cubic y fe other(specify) flammable active other(s	Dayton, Oho ardsother vallets water-reactive strong sense pecify) Concentr Upper	other corrosive or irri
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y fe other(specify) flammable active other(s	Dayton, Oho ardsother vallets water-reactive strong sense pecify) Concentr Upper	other corrosive or irri ations: (% or ppm) Lower
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y fe other(specify) flammable active other(s	Dayton, Oho ardsother ballets water-reactive strong sens pecify) Concentr Upper	other corrosive or irri ations: (% or ppm) Lower
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y fe other(specify) flammable active other(s	Dayton, Oho ardsother ballets water-reactive strong sens pecify) Concentr Upper	other corrosive or irri ations: (% or ppm) Lower
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y cubic y fe other(specify) — flammable active other(s	Dayton, Oho ardsother ballets Concentr Upper ng required	other corrosive or irri ations: (% or ppm) Lower
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y cubic y fe other(specify) — flammable active other(s	Dayton, Oho ardsother ballets Concentr Upper ng required	other sitizer corrosive or irri ations: (% or ppm) Lower
Type of Industry (SIC No.) MFG Designated Disposal/Recovery Facility: IWD S DESCRIPTION OF WASTE (Must be filled by product of the product	cubic y cubic y cubic y flammable cutive other(s cutive other(s cutive other(s) cutive other(s)	Dayton, Oho Palletsother water-reactive strong sense, pecify) Concentr Upper ag required Chio 45502 (CITY)	other corrosive or irri ations: (% or ppm) Lower

TICNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

TE

SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE ne GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. II. DISPOSER OF WASTE (Must be filled in by disposer) Name (print or type): ____ Site Address: We certify that the hauler named above delivered the described waste to this disposal facility. ______Volume measured at site (if applicable): ____ Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location: n (bocal Date)

I.W.D. LIQUIL	MASIF	NU. 10084	
CUSTOMER: LUIAND	TYPE OF SERVICE	TYPE OF LIQUIDACID	
VANDALIE, CHO	TANK OTHER	SOLVENT	- Julian Constitution
TRUCK NO.: DATE: 4-19-79 CONSIGNOR REPRESENTATIVE:	DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL OTHER	CAUSTICCYANIDE OTHER REMARKS:	DISPOSAL COP
TANKAGE TRANSFER: GALLONS: TANK NO:	VOLUME BARRELS	ADD 10 nin For Prink Cock FROM WAD-40	*

	\leq
(IW	D)
	/

INDUSTRIAL WASTE DISPOSAL

INDUSTRIAL WASTE DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD.
DAYTON, OHIO 45414

XX XX XX XX D. LIQUID WASTE
3106 SNYDER-DOMER RD.
SPRINGFIELD, OHIO 45502 (513) 278-0821

I.W.D. CHEMICAL DISPOSAL
133 TWIN BRIDGES RD.
DANVILLE, INDIANA 46122

(513) 969-8346 **HAZARDOUS WASTE MANIFEST** A 5753 NERATOR OF WASTE (Must be filled in by producer) Name (print or type): INLAND MANUFACTURING Engle Road, Vandalia, Chio 45377 Blanket Order Order Placed By: ___Standing_Order Type of Industry (SIC No.) ___ Designated Disposal/Recovery Facility: ____I W D SCUTH LANDFILL, Dayton, Chio DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste: asbestos and water (Indicate disposel facility code numbers) Containerized Waste: . pallets Physical State (circle): solid liquid sludge other(specify). Hazardous Properties (circle): toxic flammable air-reactive other (specify)_ greater than 10 pH (circle): less than 3 Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil) Upper MSDESTOS 2. WATER opecial Handling Instructions (if any): gloves, goggles, hard hat with face shield DOT Classifications: __non_hazardous------placarding_required Name of HAULER (print or type): I W D LIQUID WASTE INC 3106 Snyder Domer Road, (NO.) (STREET) Springfield, 0, io 45502 1 969 8346 Telephone Number: _ __ Pick-up: _ Waste Hauler's Permit No. (if applicable): _ We certify that the described waste will be delivered to the disposal facility HAULER PH AUTHORIZED AGENT AND TITLE The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE ne GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. II. DISPOSER OF WASTE (Must be filled in by disposer) Name (print or type): _

We certify that the hauler named above delivered the described waste to this disposal facility.

If waste is to be held for disposal elsewhere, specify final location:

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

__Volume measured at site (if applicable): __

FLADING I.W.D. LIQUID) WASTE I	INC. 10/33	
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	
INVAND MEG	☐ BARRELS	ACID	1
LOCATION	TANK	SOLVENT	
VAOLALIA, O	OTHER	Dou	
TRUCK 1016 DATE: 4-18-79	DISPOSAL FACILITY	CAUSTIC	-
CONSIGNOR REBRISS INTATIVE	SYSTECH	CYANIDE	
I W DO I O I W STE	LANDFILL SO.	OTHEROTHER	
N/A	OTHER	CUT " - 7.35 AM	DISPOSAL COPY
DISPOSAL FACILITY REPRESENTATIVE:		ASPESTOS & HO	ОРҮ
daye Disamore	VOLUME	DOT HAD CHASS!	
TANKAGE RANSFER:	BARRELS	[GZAJ TV]	
GALLONS:	GALLONS 2000	MI MACH	
TANK NO.:			
			- ئى ر ب ·
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD.	3106 SNYDER-DE	i I	MICAL DISPOSAL DGES RD.
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, O (513) 969-8346	HIO 45502 DANVILLE, IND (317) 745-2878	IANA 46122
	OOUS WASTE MAN		
VERATOR OF WASTE (Must be filled in by proc		IIFE31	A 5481
.ame (print or type): NLAND MFG			
Pick up Address: ENGLE RD	VAUDALIA	, 0	
(NO.) (STREET) Telephone Numbers: (513) 227-8166		(CITY) RIANKET	
Order Placed By: W. THOMAS		Date: 4-18-79	7
Type of Industry (SIC No.) MFG CO		Date	
Designated Disposal/Recovery Facility: 1WD	So LANDFI	U DAYTON, OH	
DESCRIPTION OF WASTE (Must be filled by produc			
Type of Waste: ASRESTOS # H24	2		
(Indicate disposal facility code numbers)			
			
Bulk Volume: 2000_gallonstons_	cubic ya	other(speci	fy)
Containerized Waste: drums _	pa	allets	other
Physical State (circle): solid <u>liquid</u> sludge	other(specify)		· · · · · · · · · · · · · · · · · · ·
Hazardous Properties (circle): none toxic		vater-reactive strong sensitizer	
air-rea pH (circle): less than 3 greater than 10	ctive other (sp	pecify)	
Major Components:		Concentrations	s: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper	Lower
1. ASBESTOS DUST			
	·		
3			
ecial Handling Instructions (if any):			
pecial rishalling matractions (if any).			
DOT Classifications: NOT USTED			
Name of HAULER (print or type):	QUID WAS	TE	
Business address: 3100 SV4DER-T	DOMER RD	SPRIMFIELD,	Ot
Telephone Number: (513) 969-8346	Diak up:	(CITY) Times: 4-18-79	. 700 am
Waste Hauler's Permit No. (if applicable):	rick-up.	Timles.	
We certify that the described waste will be delivered to	the disposal facility n	amed appoye	
The HAULER shall retain Copy 2 after delivery.	\sqrt{M}	chal/Ma <#	
	•	OF HAULER OR AUTHORIZED A	
We certify that the above described waste was delivere SHIPPER'S CERTIFICATION: This is to certify that the		·	
and labelled and are in proper condition for tran			
17E 4/18/79	SIGNAPOR	OF GENERATOR OF AUTHORNZE	D AGENT AND TITLE
ne GENERATOR shall retain Copy 4 of this manifes		`	
II. DISPOSER OF WASTE (Must be filled in by disposer)		
Name (print or type):			
Site Address:			
We certify that the hauler named above delivered the o	described waste to this	disposal facility.	
Permit No.	Volume me	asured at site (if applicable):	

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

Disposal Date:

FLADING I.W.D. LIQUID	WASTE	INC. 16680	
CUSTOMER: I AND LOCATION: UNDALIA ONIC TRUCK NO.: DATE: /-/7-79 CONSIGNOR REPRESENTATIVE: L.W.D. HOURD WASTE: DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSFER: GALLONS: TANK NO:	TYPE OF SERVICE BARRELS TANK OTHER OSPOSAL FACILITY I.W.D. SYSTECH LANDFILL OTHER	TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE TOTHER AJLISTOS JOINT REMARKS. TIME CAUSTIC TIME CAUSTIC	Adon TV Sodsia

	X
(IW	D)
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(dwi	MAIN OFFICE: 3975 DAYI	WAGONER FORD RD. TON, OHIO 45414 278-0821	XXXX.W.D. LIQUID WASTE 3106 SNYDER DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346	1.W.D. CHEM 133 TWIN BRIDG DANVILLE, INDIA (317) 745-2878	
NERAT	TOR OF WASTE (Mu			1	A 5566
Name (prin	nt or type): ENGLE R			£ 2.7.7	
Pick up Ad		(STREET)	VANDALIA, UHIO 4	5377	
Telephone	227 83 Numbers:	103	P. O. or Contract No.	Blanket	
Order Place	Don Mor	rison		Jata: 4-17-79	
	dustry (SIC No.)			7 4 (c	
	Disposal/Recovery F	I W D	SOUTH LANDFILL, Da	yton, Ohio	
DESCRIPT	TION OF WASTE (Mu	st be filled by produc	er)		
Type of Wa	aste: asbestos/w	ater			
	sposal facility code numb				_
	7000	· · · · · · · · · · · · · · · · · · ·			_
			cubic yards		
			pallets		
•	ate (circle): solid	$\stackrel{\smile}{=}$	other(specify)		
Hazardous	Properties (circle):	none toxic		e strong sensitizer	corrosive or irrita
		air-rea	ctive other(specify)		
(Ex: Hydr 1	ate a			Concentrations: Upper	Lower
1. <u>A</u> 3.	ochloric acid, lead, lin DESTOS 9 EER			Upper	Lower
1. <u>A</u> 3 2. i.u.	ochloric acid, lead, lin DESTOS 9 FER andling Instructions (if	any)://′	in tank when	Upper	Lower
1. <u>A</u> 3 2. i.u.	ochloric acid, lead, lin DESTOS 9FER andling Instructions (if	any)://′		Upper	Lower
1. A5. 2. (1) A Special Har	ndling Instructions (if	any):// mazardousno e):I W D LIQ	IN TANK WHEN placarding required UL WASTE INC	Upper S FAKTED —	Lower
1. A5. 2. (1) A Special Har	notheric acid, lead, ling 15/05 Indiing Instructions (if non historications:	any): —/// azardousno a): I W D LIQ er Domer Road,	IN TANK WHEN placarding required UL. WASTE INC Springfield, Ohio 455	Upper S FAKTED —	Lower
1. Special Har DOT Classi Name of H. Business ad	notheric acid, lead, line 25705 9767 Indiing Instructions (if non historications:	any):// azardousno e):I W D LIQ er Domer Road, (STREET)	placarding required UL WASTE INC Springfield, Ohio 455	Upper S FAKTED 02	Lower
1. 2. Control of Hamiltonia Special Harmon DOT Classi Name of H. Business and Telephone	ndling Instructions (if mon h AULER (print or type ddress: 3106 Snyd (NO.) Number: 1 513 9	any):// azardousno e): I W D LIQ er Domer Road,	placarding required UL. WASTE INC Springfield, Ohio 455 (CITY)	Upper S FAKTED 02	Lower
Special Har DOT Classi Name of H. Business ad Telephone	notheric acid, lead, ling 155705 green fications: non h AULER (print or type ddress: 106 Snyd (NO.) Number: 1 513 9 er's Permit No. (if apprent of the print of type ddress)	any):// azardousno e): I W D LIQ er Domer Road,	placarding required UL WASTE INC Springfield, Ohio 455 (CITY)	Upper S FAKTED 02 imes::	Lower
Special Har DOT Classi Name of H. Business ad Telephone	notheric acid, lead, ling 155705 green fications: non h AULER (print or type ddress: 106 Snyd (NO.) Number: 1 513 9 er's Permit No. (if apprent of the print of type ddress)	any):// azardousno e): I W D LIQ er Domer Road,	placarding required UL. WASTE INC Springfield, Ohio 455 (CITY)	Upper S FAKTED 02 imes::	Lower
Special Har DOT Classi Name of H. Business ad Telephone Waste Hauli We certify	notheric acid, lead, ling 155705 green fications: non h AULER (print or type ddress: 106 Snyd (NO.) Number: 1 513 9 er's Permit No. (if apprent of the print of type ddress)	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY)	STAKTED -	Lower
Special Har DOT Classi Name of H. Business ad Telephone Waste Hauli We certify	ndling Instructions (if mon h fications:non h AULER (print or type dress:3106 Snyd (No.) Number: 1513 9 er's Permit No. (if app that the described was ER shall retain Copy 2	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:T	Upper S f AK (E) 02 Imes: :: En OR AUTHORIZED AG	Lower / / / / / / / / / / / / / / / / / / /
Special Har DOT Classi Name of H. Business ad Telephone Waste Haul We certify The HAUL We certify SHIPPER'S	notheric acid, lead, ling 155705 green for acid, lead, ling 155705 green for acid, lead, ling 155705 green for acid, lead, ling 155705 non h AULER (print or type didress: 3106 Snyd (NO.) Number: 1 513 9 er's Permit No. (if apparts the described was the described was the described was that the above described the above described that the above described the	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:T the disposal facility named above SIGNATURE OF HAULE d to the hauler named herein for capove named materials are prope	Upper S fAK(E) 02 imes: R OR AUTHORIZED AG disposal at the site name rly classified, described,	ENT AND TITLE d above.
Special Har DOT Classi Name of H. Business ad Telephone Waste Haul We certify The HAUL We certify SHIPPER'S	ndling Instructions (if mon h fications:	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:T the disposal facility named above SIGNATURE OF HAULE d to the hauler named herein for compose named materials are propensiportation according to the app	Upper S FAKTED 02 imes: R OR AUTHORIZED AG disposal at the site name rly classified, described, clicable regulations of	ENT AND TITLE d above. , packaged, marked the Department of
Special Har DOT Classi Name of H. Business ad Telephone Waste Hauli We certify The HAUL We certify SHIPPER'S and labell	ndling Instructions (if mon h fications:	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:T the disposal facility named above SIGNATURE OF HAULE d to the hauler named herein for compose named materials are propensiportation according to the app	Upper S FAKTED 02 imes: R OR AUTHORIZED AG disposal at the site name rly classified, described, clicable regulations of	ENT AND TITLE d above. , packaged, marked the Department of
Special Har DOT Classi Name of H. Business ad Telephone Waste Haul We certify The HAUL We certify SHIPPER'S and labell Transportar	ndling Instructions (if mon h fications:	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:T the disposal facility named above SIGNATURE OF HAULE d to the hauler named herein for compose named materials are propensiportation according to the app	Upper S fAK(5) 02 imes:	ENT AND TITLE d above. , packaged, marked the Department of
Special Har 2. (1) Special Har DOT Classi Name of H. Business ad Telephone Waste Hault We certify The HAUL We certify SHIPPER'S and labell Transporta ATE The GENEI	ndling Instructions (if mon h fications:	any):	placarding required UI. WASTE INC Springfield, Ohio 455 (CITY) To the disposal facility named above SIGNATURE OF HAULE d to the hauler named herein for composition according to the appropriate of the property of the	Upper S fAK(5) 02 imes:	ENT AND TITLE d above. , packaged, marked the Department of
Special Har DOT Classi Name of H. Business ad Telephone Waste Haul We certify The HAUL We certify SHIPPER'S and labell Transportar ATE The GENEL DISPOSER	ndling Instructions (if mon h fications:	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:	Upper S fAK(5) 02 imes:	ENT AND TITLE d above. , packaged, marked the Department of
Special Har DOT Classi Name of H. Business ad Telephone Waste Haul We certify The HAUL We certify SHIPPER'S and labell Transportar ATE The GENEL DISPOSER	ndling Instructions (if mon h fications:	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:	Upper S fAK(5) 02 imes:	ENT AND TITLE d above. , packaged, marked the Department of
Special Har 2	ndling Instructions (if mon h fications:	any):	placarding required UL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:	Upper S fAK(E) O2 imes: :: H OR AUTHORIZED AG sisposal at the site name rly classified, described clicable regulations of X SLET CLICA CATOR OR AUTHORIZED OR and WASTE DESCR	ENT AND TITLE d above. , packaged, marked the Department of
Special Har 2. (1) Special Har DOT Classi Name of H. Business ad Telephone Waste Hault We certify The HAUL We certify The HAUL Transporta ATE The GENEI DISPOSER Name (print Site Address	ndling Instructions (if mon h fications:	any):	placarding required ULL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:	Upper S fAK(E) O2 imes: :: H OR AUTHORIZED AG sisposal at the site name rly classified, described clicable regulations of X SLET CLICA CATOR OR AUTHORIZED OR and WASTE DESCR	ENT AND TITLE d above. , packaged, marked the Department of D AGENT AND TITLE
Special Har 2	ndling Instructions (if mon h fications:	any):	placarding required ULL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:	Upper S fAK(E) 02 imes: R OR AUTHORIZED AG disposal at the site name rly classified, described, clicable regulations of EXATOR OR AUTHORIZED OR and WASTE DESCR	ENT AND TITLE d above. , packaged, marked the Department of D AGENT AND TITLE
Special Har 2	ndling Instructions (if mon h AULER (print or type dress: 3106 Snyd (No.) Number: 1 513 9 er's Permit No. (if app that the described was ER shall retain Copy (and the company of the company) that the above described and the in propertion. RATOR shall retain C OF WASTE (Must be contained and the company) that the hauler named	any):	placarding required UIL WASTE INC Springfield, Ohio 455 (CITY) Pick-up:	Upper S f AK (E) O2 imes:	ENT AND TITLE d above. , packaged, marked the Department of D AGENT AND TITLE

JE LADING I.W.D. LIQUII	WASTE	NC. 16730	_
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	1
LOCATION:	BARRELS ANK	ACID	
VANDALIA O	OTHER	OIL	- Hall
TRUCK 616 DATE: 4-16-79	DISPOSAL FACILITY	CAUSTIC	1
CONSIGNOR REPLEASE MATIVE:	I.W.D.	CYANIDE	0
Marine	SYSTECH LANDFILL SO	OTHER	DISPOS
LW.D. GONDO WASTE:	OTHER	OF " 9.05AM	A A
DISPOSAL FACILITY REPRESENTATIVE:	1 3 3 3 3 3	REMARKS:	(40)
Lais Hall	VOLUME	The HAT MIKE	1
TANKAGE TRANSFER:	BARRELS	DOT HAZ CUES:	:
GALLONS:	GALLONS ZCCO	THE KINEUT	
TANK NO.:			9
			4-16-7
INDUSTRIAL WASTE DISPOSAL	LW.D. LIQUI		AICAL DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	3106 SNYDER DO SPRINGFIELD, O	HO 45502 DANVILLE, INDI	
(513) 278-0821	(513) 969-8346	(317) 745-2878	
• • • • • • • • • • • • • • • • • • • •	DOUS WASTE MAN	IFEST	A 5486
NERATOR OF WASTE (Must be filled in by pro Name (print or type):	ducer)		
Pick up Address: ENGLE RO	VANDALIA	1.0	
(NO.) (STREET)	/	(CITY) DINNET	
Telephone Numbers: (5/3) 227-8/66	P. O. or Co		1070
Order Placed By: Ut HOMHS		Date: #PRIN 10	0-1917
1 ype of filadau y (010 110.)	So. LAND	FILL DAVINA O	#
Designated Disposal/Recovery Facility:		ording of	
Type of Waste: ASBESTOS & H20	cer)		
(Indicate disposal facility code numbers)			
			
2000	<u></u>		
		rds other(specif	
		liets	
Physical State (circle): solid <u>liquid</u> sludge Hazardous Properties (circle): Inone toxic	.,	rater-reactive strong sensitizer	
		ecify)	
pH (circle): less than 3 greater than 10			
Major Components:		Concentrations	: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper	Lower
1111760			4-4-4-4-
2. WHIEL			
Carried Manufling Lasternasians (if any).			
Special Handling Instructions (if any):			
DOT Classifications: NOT LISTED			
	-1001D WA	ASTE	
6/6/	DOMER RD	SPRIMFIELD	· O
(NO.)		(CITY)	ZOO AM
	Pick-up:	Times: 4-16-79	:_0
Waste Hauler's Permit No. (if applicable):	ſV		
We certify that the described waste will be delivered t	o the disposal racility i	amediabotte	77
The HAULER shall retain Copy 2 after delivery.	SIGNATUR	OF HAULER OR AUTHORIZED AC	SENT AND TITLE
We certify that the above described waste was deliver-			
SHIPPER'S CERTIFICATION: This is to certify that the and labelled and are in proper condition for tra			
Transportation.	λ		
DATE	`	OF GENERATOR OF AUTHORIZE	
The GENERATOR shall retain Copy 4 of this manifes		JENERATOR and WASTE DESC	RIPTION portions.
II. DISPOSER OF WASTE (Must be filled in by dispose			
Name (print or type):			
Site Address:			
We certify that the hauler named above delivered the Permit No.			
Treatment or Recovery Process (circle): Treatment		sured at site (it applicable): LF Area Other (specify):	
I reatment or Recovery Process (circle): I reatment If waste is to be held for disposal elsewhere, s			
it waste is to be liefu for disposal elsewifere, s	prompt man rocation.	Landlill	

FLADING I.W.D. LIQUI	D WASTE	INC.	16728	_
USTOMER:	TYPE OF SERVICE	TYPE	OF LIQUID	- 1
INLANO MEG	BARRELS	│ □	ACID	4 1
ocation:	TANK		SOLVENT	-
VAINALIA, O	OTHER		OIL]
RUCK /// DATE 11-17-79	DISPOSAL FACILITY] _	CAUSTIC	
ONSIGNOR REPRESENTATIVE:	I.W.D.		CYANIDE	」
Mamal	SYSTECH		OTHER	SS SS
W.D.J.QUID WASTE:	LANDFILL	IN DUAN	7-1.35	38
MAC	OTHER	REMARKS:	dillip	4 6
ISPOSAL FACILITY REPRESENTATIVE:		ASEST	SFHAD	YPY ,
Lais Nall	VOLUME	DOT	MZ CLASS:	
ANKAGE TRANSFER:	BARRELS	In	LISTED	-
GALLONS:	GALLONS ALDO	1/00.		
TANK NO.:				
				= -
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821 HAZAR	3106 SNYDER-D SPRINGFIELD, C (513) 969-8346	OOMER RD. DHIO 45502	133 TWIN BRID DANVILLE, IND (317) 745-2878	IANA 46122
NERATOR OF WASTE (Must be filled in by pro	oducer)	201		A 5542
Name (print or type): INLAND MANUFACTUR Engle Road, V	ING 'andalia, Ohio 4	5377		
Pick up Address: (NO.) (STREET)	andaria, onto 4.	(CITY)		
Telephone Numbers: 227 8380	P. O. or C	,	anket Order	
Order Placed By: Jerry Timmons			APRIL	12,1979
Type of Industry (SIC No.) MFG Co.				7
* 11 D	RHKHXKXKXBX S	outh Landfi	ll. Ketterin	. O.
Designated Disposal/Recovery Facility:I W D	SHKNIKIKKE S	outh Landfi	ll, Ketterin	g, 0 _h
Designated Disposal/Recovery Facility:I _ W _ D DESCRIPTION OF WASTE (Must be filled by produ		outh Landfi	ll, Ketterin	g, 0 _h
Designated Disposal/Recovery Facility:I W D DESCRIPTION OF WASTE (Must be filled by production of Waste:asbestos and water		outh Landfi	ll, Ketterin	g, 0 _h
Designated Disposal/Recovery Facility:I _ W _ D DESCRIPTION OF WASTE (Must be filled by produ		outh Landfi	ll, Ketterin	g, 0 _h
Designated Disposal/Recovery Facility:I W D DESCRIPTION OF WASTE (Must be filled by production of Waste:asbestos and water		outh Landfi	ll, Ketterin	g, 0 _h
Designated Disposal/Recovery Facility: I W D DESCRIPTION OF WASTE (Must be filled by produ Type of Waste: asbestos and water (Indicate disposal facility code numbers)	ucer)			
Designated Disposal/Recovery Facility: I W D DESCRIPTION OF WASTE (Must be filled by produ Type of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: 2000 gallons tons	ucer)	ards	other(specif	[v]
Designated Disposal/Recovery Facility: I _ W _ DESCRIPTION OF WASTE (Must be filled by production of the productio	ucer)	ards	other(specif	[v]
Designated Disposal/Recovery Facility: I W D DESCRIPTION OF WASTE (Must be filled by production of Waste: as bestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludge	cubic y	ards	other(specif	fy) other
Designated Disposal/Recovery Facility: I W D DESCRIPTION OF WASTE (Must be filled by production of the	c flammable	ards vallets water-reactive	other(specif	fy) other
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of the production	c flammable	ards	other(specif	fy) other
Designated Disposal/Recovery Facility: I W DESCRIPTION OF WASTE (Must be filled by production of the p	c flammable	ards vallets water-reactive	other(specif strong sensitizer	fy)other other corrosive or irrita
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of the production	c flammable	ards vallets water-reactive	other(specif	fy)other other corrosive or irrita
Designated Disposal/Recovery Facility: I W DESCRIPTION OF WASTE (Must be filled by production of the p	cubic y cubic y cother(specify) contactive other(specify)	vards	other(specifications)	corrosive or irrita
Designated Disposal/Recovery Facility: I W D DESCRIPTION OF WASTE (Must be filled by production of the	ucer) cubic y poe other(specify) c flammable eactive other(s	ards vallets water-reactive pecify)	other(specif strong sensitizer Concentrations Upper	corrosive or irrita
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of the production	c cubic y cubi	ards vallets water-reactive pecify)	other(specif strong sensitizer Concentrations Upper	corrosive or irrit:
Designated Disposal/Recovery Facility: I W D DESCRIPTION OF WASTE (Must be filled by production of the	c cubic y cubi	ards vallets water-reactive pecify)	other(specif strong sensitizer Concentrations Upper	corrosive or irrit:
Designated Disposal/Recovery Facility: I W DESCRIPTION OF WASTE (Must be filled by production of the p	c cubic y cubi	water-reactive	other(special strong sensitizer Concentrations Upper	corrosive or irrit:
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of the production	c cubic y cubi	water-reactive	other(special strong sensitizer Concentrations Upper	corrosive or irrit:
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of the production	c cubic y c flammable eactive other(s	water-reactive	other(specifications) Concentrations Upper Cace shield	corrosive or irrit.
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of the production	cubic y cubic y pe other(specify) c flammable eactive other(s	water-reactive	other(specifications) Concentrations Upper Cace shield	corrosive or irrit.
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none	cubic y country cou	hat with f	strong sensitizer Concentrations Upper	corrosive or irrit.
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none	cubic y pe other(specify) c flammable eactive other(s	hat with f	concentrations Upper ace shield	corrosive or irrit: (% or ppm) Lower
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none	cubic y pe other(specify) c flammable eactive other(s	hat with f	concentrations Upper ace shield	corrosive or irrit: (% or ppm) Lower
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none	cubic y pe other(specify) c flammable eactive other(s -no placarding to the place of the p	hat with f	concentrations Upper ace shield	corrosive or irrita
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by productions) Type of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none	cubic y pe other(specify) — c flammable eactive other(s es, gloves, hard -no placarding in UID WASTE INC dd, Springfield Pick-up:	hat with forequired (CITY) Time	concentrations Upper ace shield	corrosive or irrita
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by production of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none	cubic y pe other(specify) — c flammable eactive other(s es, gloves, hard -no placarding in UID WASTE INC dd, Springfield Pick-up:	hat with forequired (CITY) Time	concentrations Upper ace shield	corrosive or irrita
Designated Disposal/Recovery Facility: I w D DESCRIPTION OF WASTE (Must be filled by productions) Type of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none	cubic y pe other(specify) — c flammable eactive other(s es, gloves, hard -no placarding in UID WASTE INC dd, Springfield Pick-up:	hat with frequired , Ohio 4550 (CITY) Time	concentrations Upper ace shield	corrosive or irrit: (% or ppm) Lower :
Designated Disposal/Recovery Facility: I W DESCRIPTION OF WASTE (Must be filled by productions) Type of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: DOD gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludge to take the production of the production	cubic y ge other(specify) — c flammable eactive other(s -no placarding to the disposal fadility Signator ered to the hauler named	hat with for the product of the period of th	concentrations Upper Eace shield AUTHORIZED Avosal at the site name	corrosive or irritation of the corrosive of the corrosive of the corrosive of the corrosive or irritation of the corrosive o
Designated Disposal/Recovery Facility: I W D DESCRIPTION OF WASTE (Must be filled by prode Type of Waste:asbestos and water (Indicate disposal facility code numbers) Bulk Volume:	cubic y pe other(specify) — c flammable eactive other(s es, gloves, hard -no placarding to UID WASTE INC d, Springfield Pick-up: to the disposal fadility Signator ered to the hauler named above named materia	hat with forequired Ohio 4550 (CITY) Time Time Time Therein for disp Is are properly of the properly of	concentrations Upper Cace shield AUTHORIZED Acosal at the site namelessified, describe	corrosive or irrit. (% or ppm) Lower :
Designated Disposal/Recovery Facility: I W DESCRIPTION OF WASTE (Must be filled by productions) Type of Waste: asbestos and water (Indicate disposal facility code numbers) Bulk Volume: DOD gallons tons Containerized Waste: drums Physical State (circle): solid liquid sludge to take the production of the production	cubic y pe other(specify) — c flammable eactive other(s es, gloves, hard -no placarding to UID WASTE INC d, Springfield Pick-up: to the disposal fadility Signator ered to the hauler named above named materia	hat with forequired Ohio 4550 (CITY) Time Time Time Therein for disp Is are properly of the properly of	concentrations Upper Cace shield AUTHORIZED Acosal at the site namelessified, describe	corrosive or irritation of the corresponding or irritation of the corrosive or irritation of the corresponding or irritation of the corrosive or irritation of the corrosive or irritation of the corrosive or irritation of the corresponding or irri
Designated Disposal/Recovery Facility: I W DESCRIPTION OF WASTE (Must be filled by productions) Type of Waste:asbestos and water (Indicate disposal facility code numbers) Bulk Volume:	cubic y ge other(specify) c flammable eactive other(s eactive other(s continued in the second of the seco	hat with forequired Ohio 4550 (CITY) Time	concentrations Upper Concentrations Upper Cace shield AUTHORIZED Avosal at the site namelessified, describe the fagulations of	corrosive or irritation of the corrosive or irritation of the corrosive of the corresponding of the corrosive of the

Name (print or type): _ Site Address: __

Permit No._

We certify that the hauler named above delivered the described waste to this disposal facility.

ent or Recovery Process (circle): Treatment Spreading Area

If waste is to be held for disposal elsewhere, specify final location:

Treatment or Recovery Process (circle): Treatment

Lais Hull

FLADING I.W.D. LIQUII		INC. 16673
TPIAN	TYPE OF SERVICE	ACID
VANDALIA OHIC	TANK OTHER	SOLVENT_
RUCK DATE: 4-10-17 CONSIGNOR SEPRESENTATIVE:	DISPOSAL FACILITY I,W.D.	CAUSTIC
WASTE.	SYSTECH LANDFILL OTHER	OTHER
ISPOSAL FACILITY REPRESENTATIVE:	VOLUME BARRELS	1116 M 1845
GALLONS:	GALLONS A	" out 150
TANK NO.:		

(IWD)

SPOSAL

IWD) MAIN OFFICE	DAYTON, OHIO 45414 (513) 278-0821	3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346	133 TWIN BRIDGE: DANVILLE, INDIAN (317) 745-2878	
	HAZARDOL	JS WASTE MANIFEST)	5520
	(Must be filled in by produce	r)	_	- 00.0
Name (print or type):	NAND	1/-		
Pick up Address:(NO.)	ENGLE KI). VANDALIA		
Telephone Numbers:		P. O. or Contract No		
Order Placed By: DED	1830	Da	te: <u>4-/0-79</u>	
Type of Industry (SIC No.	Mrs			
Designated Disposal/Recov	ery Facility: <u>I WO S</u>	outh LANDFILL		
DESCRIPTION OF WAST	E (Must be filled by producer)			
Type of Waste: <u>Asbes</u> Indicate disposal facility code				
9 2008	2,110-1	cubic yards	other lengals ()	
		pallets	•	other)
Physical State (circle): so Hazardous Properties (circl	e): none toxic	ther(specify)e flammable water-reactive e other(specify)	strong sensitizer	corrosive or irri
pH (circle): less than	3 greater than 10			
Major Components: (Ex: Hydrochloric acid, le	ad, lime, crude oil)		Concentrations: (% or ppm) Lower
Special Handling Instruction DOT Classifications:				
Name of HAULER (print of	r typel: Iwo	Liquid u	laste	
Business address: 310	6 Souder	Domer Rd -	Tremont, CI	*/-
(NO.)			,	,
Telephone Number:	969-8346 Pick	-up:Tin	nes::_	am pn
Waste Hauler's Permit No.	if applicable):			
We certify that the describe	ed waste will be delivered to the	disposal facility named above.	2.5.	
The HAULER shall retain (·	SIGNATURE OF HAULER		NT AND TITLE
SHIPPER'S CERTIFICATION:	This is to certify that the above	the hauler named herein for dis	classified, described, p	packaged, marked
ansportation,	proper condition for transpo	rtation according to the appli	le tette	he Department o
JATE		SIGNATURE OF GENERA		
		er completing the GENERATOR	R and WASTE DESCRI	PTION portions.
	fust be filled in by disposer)			
Site Address:				
	named above delivered the desc	ribed waste to this disposal facili	ty.	
Permit No.		Volume measured at site	•	
Treatment or Recovery Pro	cess (circle): Treatment (S	preading Area SLF Area O		
If waste is to be he	ld for disposal elsewhere, specif	fy final location:	21/11/	

I.W.D. LIQUI	D WASIE	INC. 16672
CUSTOMER	TYPE OF SERVICE	TYPE OF LIQUID
2211-0	BARRELS -	ACID
LOCATION	TANK	SOLVENT
WANDAKIA Ohio	OTHER	on
TRICK 2002 DATE: 4-10-71	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:		CYANIDE
Million	SYSTECH	111 OTHER 3
LWD. GOUID WASTE.	OTHER	REMARKS:
DISPOSAL FACILITY REPRESENTATIVE:	1	REMARKS:
Jais Wall	VOLUME	10.1
TANKAGE TRANSFER:	BARRELS	Till 19.01
GALLONS:	GALLONS =	1 6 mt 11 c "
TANK NO.:		



WD	INDUSTRIAL WASTE MAIN OFFICE: 3975 WAGG DAYTON, ((513) 278-0	ONER FORD RD. OHIO 45414	1.W.D. LIQUID WASTE 3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346	I.W.D. CHEMI 133 TWIN BRIDG DANVILLE, INDIA (317) 745-2878	
			OUS WASTE MANIFEST	Į.	A 5524
	OR OF WASTE (Must be	filled in by produ	ucer)		
₊ame (print	or type): LNIAN	101 - Dh	1/2.20/in		
Pick up Add	Iress:	(STREET)). VANDALIN (CITY)		
Telephone N	lumbers:		P. O. or Contract No		
Order Placed	By: Dept 8	30	Da	ite: 4-10-79	
Type of Indi	ustry (SIC No.)				
Designated D	Disposal/Recovery Facility	TWD	South LANDFILL		
DESCRIPTION	ON OF WASTE (Must be	filled by produce	ir)		
Type of Was (Indicate dispo	ite: <u>A) bES + 0S</u> osal facility code numbers)	WATER			
					-
Rulk Values	2000 gallone	tone	cubic yards	otherlenecific	-
Containerize		tons	cubic yards		
		uid sludge	other(specify)		Guio
•		ne toxic	flammable water reactive		corrosive or irritan
	raper title (air sile)	air-reac			
pH (circle):	less than 3 gre	eater than 10			
Major Compe (Ex: Hydro	onents: chloric acid, lead, lime, cri 557,68			Concentrations: Upper	(% or ppm) Lower
2 WAT	ter				
3					
J					
ecial Hand	dling Instructions (if any):	NONE			
DOT Classifi	cations: Not CL	ASSIF 160)		
	ULER (print or type)	(4)0	LIBUID WESTE	TNE.	
Business add		NUNER-L	DOMER RD. SDRIN	VAFIELD Ohi	3
	(NO.)	(STREET)	(CITY)		
Telephone N	lumber: <u>513 - 969-8</u>	7.3.96 Pi	ick-up:Tir	nes::_	pm
Waste Hauler	r's Permit No. (if applicabl	e):			
We certify th	nat the described waste wi	II be delivered to	the disposal facility tramed above.		•
The HAULE	R shall retain Copy 2 after	r delivery.	Simy Z	OR AUTHORIZED AGE	im
We certify th	hat the above described w	aste was delivered	to the hauler named herein for di		
SHIPPER'S CI	ERTIFICATION: This is to a d and are in proper co	ertify that the ak	bove named materials are properly sportation according to the appli	y classified, described,	packaged, marked
ATE -			SIGNATURE OF GENERA	111.50	ACCINC AND THE
			SIGNATURE OF GENERA after completing the GENERATO		
	OF WASTE (Must be filled			Silo MAGTE DEGOR	TOTA POLITORS.
DISPOSER C	or type):				
DISPOSER C Name (print					
DISPOSER C Name (print Site Address:	:		escribed waste to this disposal facil		
DISPOSER C Name (print Site Address: We certify th	:	e delivered the de	escribed waste to this disposal facil	ity.	
DISPOSER C Name (print Site Address: We certify th Permit No	nat the hauler named abov	e delivered the de	escribed waste to this disposal facil	ity. {if applicable}:	
DISPOSER C Name (print Site Address: We certify th Permit No Treatment or	nat the hauler named abov	e delivered the de	escribed waste to this disposal facil Volume measured at site Opreading Area SLF Area O	ity. {if applicable}:	

FLADING I.W.D. LIQ	UID WASTE	INC.	16724	
CUSTOMER	TYPE OF SERVICE BARRELS	TYPE	OF LIQUID	
LOCATION	TANK		SOLVENT	- 1
MAKOWIA O	OTHER		OIL	Control of the contro
TRUCK	DISPOSAL FACILITY	7	AUSTIC	
NO.: DATE: H-6-7	1 I.W.D.		VALUDE	
KAST AND	SYSTECH	م سدر	OTHER	
LW.D UDJID WASTE:	TANDFILL S	DALAUT	- 25EPM	
KHOW	OTHER	REMARKS:	CLILO	3
DISPOSAL FACILITY REPRESENTATIVE:	VOLUME	_ 1365/C	1/20 P	
TANKAGE TRANSFER:	VOLUME	DOT	HAZ (VA)!	<i>.</i>
C.U.O.IT	BARRELS	TIM	11/15/0	ž.
GALLONS:	GALLONS	1101		3
TANK NO.:				er d
		· · · · · · · · · · · · · · · · · · ·		<u></u>
INDUSTRIAL WASTE DISPOSA	AL FTJAWD HO	UID WASTE	I.W.D. CHEMIC	AL DISPOSAL
MAIN OFFICE: 3975 WAGONER FOR	D RD. 3106 SNYDER	-DOMER RD.	133 TWIN BRIDGES	RD.
DAYTON, OHIO 4541 (513) 278-0821	4 SPRINGFIELD, (513) 969-834	OHIO 45502 6	DANVILLE, INDIANA (317) 745-2878	A 46122
HA	ZARDOUS WASTE MA	ANIFEST		F470
NERATOR OF WASTE (Must be filled in b	y producer)		A	5479
ame (print or type):	(C)	1//1/1		
Pick up Address: ENS LE R	O VANONI	KIH, CH	-	
Telephone Numbers: (5/3) 227-	J111	Contract No.	LANKET	
Order Placed By: W. THOMA	5		APRIL 6.	1979
Type of Industry (SIC No.), MFO C	<i>Q.</i>			
Designated Disposal/Recovery Facility:/_	UD SO. LA	WOFILL I	ALTON, O	
DESCRIPTION OF WASTE (Must be filled by	groducer)		/ / / -	
Type of Waste: ASESTOS &	420			
(Indicate disposal facility code numbers)				
100				•
Bulk Volume: 200 gallons	_tons cubi	c yards	other(specify)	
Containerized Waste:d	rums			
Physical State (circle): solid liquid	sludge other(specify)			
Hazardous Properties (circle): none	toxic flammable	water-reactive	• · · · · · · · · · · · · · · · · · · ·	
pH (circle): less than 3 greater tha		r (specity)		
pH (circle): less than 3 greater that Major Components:	n 10		Concentrations: (% or nom)
(Ex: Hydrochloric acid, lead, lime, crude oil)			Upper	Lower
1 ASKESTOS DUST				
2 WATER				
3				
ecial Handling Instructions (if any):				
DOT Classifications: NOT LISTE	<u> </u>			
Name of HAULER (print or type): 100	LIQUID WI	487E_		
Business address: 3/06 SUYDE	R-DOMER	PO St	PINAFIELL),OH-
(NO.) (S12) QLQ (STR	EET) 2//	(CITY)	11-1-20	200 -
Telephone Number:	27 (Pick-up:	Times	s: 76	рт
Waste Hauler's Permit No. (if applicable):	used to the disposal facility	v named above.)	
We certify that the described waste will be deli	vered to the disposal facility	A dive	/ Y+	
The HAULER shall retain Copy 2 after deliven	SIGNAT	THE OF HAULER O	R AUTHORIZED AGE	NT AND TITLE
We certify that the above described waste was				
SHIPPER'S CERTIFICATION: This is to certify the and labelled and are in proper condition				
reduspertation. 4-6-79	, χ,	Tan	lu A.C	Muri
ATEX	SIGNAT	-	OR AUTHORIZED	
The GENERATOR shall retain Copy 4 of this i		ne GENERATOR a	and WASTE DESCRI	PIION portions.
DISPOSER OF WASTE (Must be filled in by c Name (print or type):				
Name (print or type):				
THE MUNICESS				

We certify that the hauler named above delivered the described waste to this disposal facility,

Volume measured at site (if applicable): ____

I.W.D. LIQU	ID WASTE	INC.	16667	
STOMER	TYPE OF SERVICE	TYPE	OF LIQUID	-
LNIAND	BARRELS	ID	ACID	
CATION	TANK		SOLVENT	
VANDALIA ONIO	OTHER		OIL	
NUCK 1001 DATE 4-5-79	DISPOSAL FACILITY	1 <u></u>	CAUSTIC	4
ONSIGNOR REPRESENTATIVE:	— ∐ I.W.D.		CYANIDE	
Marine	SYSTECH		OTHER	Š.
W.D. LIE OID WASTE.	LANDFILL	1.1.	/ /	<u> </u>
1 m. 9. 1 / 1 / 1	OTHER	REMARKS:	- 1 17 - 	DISPOSAL COPY
ISPOSAL FACILITY REPRESENTATIVE:		Low Not	1000	₽
Lais Wall	VOLUME]		78 78
ANKAGE TRANSFER:	BARRELS	11115	12/11/	in The
GALLONS:	GALLONS		11.4	•
ANK NO.:	1	1///	,	
				4
	······································			
INDUSTRIAL WASTE DISPOSAL	₹χχι.w.d. LiQui	ID WASTE	I.W.D. CHEMIC	CAL DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD R	D. 3106 SNYDER-D	OMER RD.	133 TWIN BRIDGE	S RD.
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, O (513) 969-8346	OHIO 45502	DANVILLE, INDIAN (317) 745-2878	A 46122
HAZA	RDOUS WASTE MAN	HEFCT		•
NERATOR OF WASTE (Must be filled in by p		VIII EST	F	A 5490
me (print or type): INLAND MANUFACTURI				
Pagla Dand	Vandali	B. Oh		
(NO.) (STREET)		(CITY)		
Telephone Numbers 227 8303	P. O. or Co	ontract No. $\stackrel{ ext{Bla}}{}$	ınket	
etanding order				
Type of Industry (SIC No.)				
Designated Disposal/Recovery Facility:	SOUTH LANDETLL	XX DAY	ron, oh	
DESCRIPTION OF WASTE (Must be filled by pro	ducer)			
				- -
Bulk Volume: 2000 gallons to				-
	sp			
			strong sensitizer	
	reactive other (s	pecify)		
pH (circle): less than 3 greater than 10	D			
Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil)			Concentrations: (Upper	(% or ppm) Lower
1-1-1-			• •	254461
2. Las Atek				
3				
and a second	s hand hat alone			
cial Handling Instructions (if any): <u>goggle</u> :	s, nard nat, glove	25		
DOT Classifications: <u>non_hazardous====</u>	-no placarding rec QUID WASTE INC	juired		
Name of HAULER (print or type): 1 77 D D13 Business address: 3106 Snyder Domer Roa				
Business address: (NO.) (STREE		(CITY)		
Telephone Number: 1 513 959 8346	Pick-up:	Tim	es::.	am pm
Waste Hauler's Permit No. (if applicable):				
We certify that the described waste will be deliver		named above.		
·	X aca		lor ban	
The HAULER shall retain Copy 2 after delivery.	SIGNATUE	SE OF HAULER	OR AUTHORIZED AGI	ENT AND TITLE
We certify that the above described waste was de	livered to the hauler named	d herein for disp	oosal at the site name	d above.
SHIPPER'S CERTIFICATION: This is to certify that				
and labelled and are in proper condition for Transportation.	transportation according	to the applic	able regulations of	e nebatiment of
4-5-79	EIGNATUR	RE OF GENERA	TOR OR AUTHORIZED	AGENT AND TITLE
the GENERATOR shall retain Copy 4 of this ma	/			
. DISPOSER OF WASTE (Must be filled in by disp	1			
	ooser)			
Name (print or type):				

We certify that the hauler named above delivered the described waste to this disposal facility.

LL OF LADING I.W.D. LIQUI	D WASTE	NC. 16665	
USTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	
MAND	BARRELS	LLACID	
ATION	TANK .	SOLVENT	7
VANDALIA UNIO	OTHER	OIL	;
NUCK 60 01 DATE: 4-4-71	DISPOSAL FACILITY	CAUSTIC	
ONSIGNOR REPRESENTATIVE:	1.W.D.	CYANIDE	
	SYSTECH	OTHER OSA	4
W.D. LOBID WASTE:	LANDFILL	Alich . L	
Mary Z. Color Com	OTHER	REMARKS.	
SPOSAL FACILITY REPRESENTATIVE:		Mar Start 12	Ì
Jour Hall	VOLUME	T. N 1/0	.s
ANKAGE TRANSFER:	BARRELS		7
GALLONS:	GALLONS	Toke or Side	
'ANK NO.:			2
			<u> </u>
INDUSTRIAL WASTE DISPOSAL	√√vi.W.D. LIQUI	1 1	
MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	3106 SNYDER-DI SPRINGFIELD, O		
(513) 278-0821	(513) 969-8346	(317) 745-2878	
HAZAR	DOUS WASTE MAN	IFEST A	5396
GENERATOR OF WASTE (Must be filled in by pro		A	JJJ0
Name (print or type): INLAND MANUFACTURIN			
Pick up Address: Engle Road, Vandalia, (NO.) (STREET)	Onio 45377	(CITY)	
lephone Numbers: 1 445 8303	P. O. or Co	ntract No. Blanket	
Order Placed By: Jerry Timms	i	Date: 4-4-79	
Type of Industry (SIC No.) 11F6			
Designated Disposal/Recovery Facility:	LD LANDFILL, DAY	TON, OHIO	
DESCRIPTION OF WASTE (Must be filled by produ	ncer)		
Type of Waste: asbestos & water			
(Indicate disposal facility code numbers)			
Bulk Volume: 2000 gallons tons	* *	rdsother(specify)	
Containerized Waste:drums	pa	other(specify)	
Containerized Waste:drums	pother(specify)	llets	_ other
Containerized Waste:drums Physical State (circle): solid liquid sludg Hazardous Properties (circle): none toxic	pother(specify)	llets	other
Containerized Waste:drums Physical State (circle): solid liquid sludge Hazardous Properties (circle): none toxic air-re	pother(specify)	llets	other
Containerized Waste:	pother(specify)	rater-reactive strong sensitizer	other
Containerized Waste:	pother(specify)	llets	other
Containerized Waste:	pother(specify)	rater-reactive strong sensitizer secify) Concentrations: (% Upper	other corrosive or in
Containerized Waste:	e other(specify)	rater-reactive strong sensitizer secify) Concentrations: (% Upper	corrosive or in or ppm) Lower
Containerized Waste:	partition of the control of the cont	rater-reactive strong sensitizer secify) Concentrations: (% Upper	corrosive or in or ppm) Lower
Containerized Waste:	partition properties of the properties per partition properties per	rater-reactive strong sensitizer secify) Concentrations: (% Upper	corrosive or in
Containerized Waste:	partition properties of the properties per partition properties per	rater-reactive strong sensitizer secify) Concentrations: (% Upper	corrosive or in or ppm) Lower
Containerized Waste:	partition properties of the properties per partition properties per	rater-reactive strong sensitizer recify) Concentrations: (% Upper	corrosive or in or ppm) Lower
Containerized Waste:	particle other(specify)	rater-reactive strong sensitizer ecify) Concentrations: (% Upper	corrosive or in
Containerized Waste:	pother(specify) flammable veractive other(specify) no placarding to the placarding	rater-reactive strong sensitizer ecify) Concentrations: (% Upper	corrosive or in
Containerized Waste:	pother(specify) flammable veractive other(specify) no placarding to the placarding	rater-reactive strong sensitizer recify) Concentrations: (% Upper required thio 45502	corrosive or in
Containerized Waste:	e other(specify) flammable vertice other(specify) nactive other(specify) nactive other(specify) nactive other(specify) nactive other(specify) nactive other(specify)	rater-reactive strong sensitizer recify) Concentrations: (% Upper required hio 45502 (CITY)	corrosive or in
Containerized Waste:	pote other(specify) e other(specify) e flammable v factive other(specify)	rater-reactive strong sensitizer secify) Concentrations: (% Upper sequired shio 45502 (CITY) Times:	corrosive or in
Containerized Waste:	e other(specify) flammable v factive other(specify) nactive other(specify)	rater-reactive strong sensitizer ecify) Concentrations: (% Upper equired hio 45502 (CITY) _Times:	corrosive or in
Containerized Waste:	e other(specify) flammable v factive other(specify) nactive other(specify)	rater-reactive strong sensitizer ecify) Concentrations: (% Upper equired hio 45502 (CITY) _Times:	corrosive or in
Containerized Waste:	e other(specify) flammable vactive other(specify) —no placarding range of the placarding range of th	rater-reactive strong sensitizer ecify) Concentrations: (% Upper equired hio 45502 (CITY) _Times:	corrosive or irr
Containerized Waste:	e other(specify) flammable vactive other(specify) no placarding in the place of t	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. My Landlant herein for disposal at the site named at	or ppm) Lower AND TITLE
Containerized Waste:	e other(specify) flammable vactive other(specify) no placarding rather inc. The WASTE INC. Springfield, Co. Pick-up: To the disposal facility rather inc. Signature to the hauler named above named materials.	concentrations: (% Upper equired hio 45502 (CITY)Times: amed above. What Len or authorized agent herein for disposal at the site named at are properly classified, described, pa	corrosive or into or ppm) Lower AND TITLE
Containerized Waste:	e other(specify) flammable vactive other(specify) no placarding in the place of the disposal facility of the disposal f	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. What Landham herein for disposal at the site named at are properly classified, described, parts the applicable regulations of the applicable regulations of the addleteture.	or ppm) Lower AND TITLE pove. ckaged, marke
Containerized Waste: drums Physical State (circle): solid liquid sludge Hazardous Properties (circle): none toxic air-re pH (circle): less than 3 greater than 10 Major Components: (Ex: Hydrochloric agid, lead, lime, crude oil) 1.	e other(specify) flammable vactive other(specify) nactive other(specify) Na	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. Applicable regulations of the applicable regulations of the control	Other corrosive or ir or ppm) Lower AND TITLE pove. ckaged, mark Department
Containerized Waste:	pice other(specify) If all ammable vertices other(specify) If all ammable vertices other(specify) If a placarding red and principle of the half and principle of the proportion according to the figure of the principle of the	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. Applicable regulations of the applicable regulations of the control	Other corrosive or interpretation or ppm) Lower AND TITLE pove. ckaged, marke Department
Containerized Waste:	e other(specify) flammable v	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. Applicable regulations of the applicable regulations of the control	Other corrosive or interpretation or ppm) Lower AND TITLE pove. ckaged, marke Department
Containerized Waste:	e other(specify) flammable v	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. Applicable regulations of the applicable regulations of the control	Other corrosive or interpretation or ppm) Lower AND TITLE pove. ckaged, marke Department
Containerized Waste: drums Physical State (circle): solid liquid sludge Hazardous Properties (circle): none toxic air-re pH (circle): less than 3 greater than 10 Major Components: (Ex: Hydrochloric agid, lead, lime, crude oil) 1. JSDESTOS 2. LATER 3	e other(specify) flammable vactive other(specify) no placarding range	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. Applicable regulations of the applicable regulations of the control	Corrosive or into or ppm) Lower AND TITLE Dove. ckaged, market Department
Containerized Waste:	pice other(specify) I flammable vactive other(speci	Concentrations: (% Upper equired hio 45502 (CITY) Times: amed above. Applicable regulations of the applicable regulations of the control	and TITLE cover. Cokaged, marke Department ENT AND TITLE

Disposal Date: ____

Lois Hall

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portions.

We certify that the hauler named above delivered the described waste to this disposal racing.

Permit No.

Volume measured at site (if applicable):

Treatment or Recovery Process (circle): Treatment

Spreading Area
SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date

LL OF LADING I.W.D. LIQU	IID WASTE INC.	16717
USTOMER	TYPE OF SERVICE TY	PE OF LIQUID
INLAND MEG	BARRELS L.	_ACID
ATION	ETANK U	SOLVENT
VALUE OF THE PROPERTY OF THE P	OTHER	OIL
RUCK LIL DATE: U.7. 79	DISPOSAL FACILITY	_CAUSTIC
ONSIGNOR REFRESENTATIVE:	L.W.D.	_CYANIDE
XIIII	SYSTECH	_OTHER
W.B. 10 Old WASTE!	LANDFILL SO IN PLAN	OTHER 70 AM 2
XITaic	OTHER OUT	75 4420
ISPOSAL FACILITY REPRESENTATIVE:		054420 3
Toes Wall	VOLUME DOT	HAZ CKASI!
ANKAGE TRANSFER:	BARRELS	T USTED
GALLONS:	GALLONS 1600	ia o
[ANK NO.:		
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD DAYTON, OHIO 45414 (513) 278-0821		I.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122 (317) 745-2878
HAZ	ARDOUS WASTE MANIFEST	A 5439
GENERATOR OF WASTE (Must be filled in by	producer)	4
Name (print or type): // / / // // // // // // // // // // /	7	
Pick up Address:	VANDALIA, O	
(NO.) (STREET) slephone Numbers: (5/3 227-8/0		RIANKET
11. TIME		re: 4-2-79
MI Do	Da	ite: y-bc/
Type of Industry (SIC No.)	D 80. LANDENC	Dackers O
Designated Disposal/Recovery Facility:/W		DAGION, C
DESCRIPTION OF WASTE (Must be filled/by pr	oducer)	
Type of Waste: (Indicate disposal facility code numbers)		
Physical State (circle): solid liquid sl	ns pallets udge other(specify) oxic flammable water-reactive	
		Strong sensitizer Corrosive or into
pH (circle): less than 3 greater than	10	
Major Components:		Concentrations: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper Lower
1. ASBESTOS DUST		
2. WHIER		
3		
4		
Special Handling Instructions (if any):		
11800 11100		
T Classifications:		
6 - 1 10	LIQUID WITSTE	MILEIM A
Business address: 3/06 SUGER	T) (CITY)	DRIMFIELD, O
Telephone Number: 58 969 83	61117)	ms: 4-2-79 1230 -
Waste Hauler's Permit No. (if applicable):	<i>l</i> /	pm
We certify that the described waste will be delive	// ////////////////////////////////////	
•	V 1/11/14	La Tr
The HAULER shall retain Copy 2 after delivery.	SIG ATURE OF HAULER	OR AUTHORIZED AGENT AND TITLE
We certify that the above described waste was de SHIPPER'S CERTIFICATION: This is to certify that and Nabelled and are in proper condition for Transportation.	the above named materials are properl	y classified, described, packaged, marked
DATE 7-2-//	SIGNATURE OF GENERA	ATOR OR AUTHORIZED AGENT AND TITLE
e GENERATOR shall retain Copy 4 of this ma	/ (
DISPOSER OF WASTE (Must be filled in by dis	, -	•
Name (print or type):		
Site Address:		
We certify that the hauler named above delivered	the described waste to this disposal facil	lity.
Permit No.		
Treatment or Recovery Process (circle): Treatm		
If waste is to be held for disposal elsewhi		
it waste is to be neid for disposal elsewhi	AL.	Hall
- makat tiang	10	· ·

I.W.D. LIQUI	DWASTE	NC. 16/13	
USTOMER	TYPE OF SERVICE	TYPE OF LIQUID	
NLAND MFG	BARRELS	ACID	
	TANK	SOLVENT	
RUCK A COLOR	DISPOSAL FACILITY	UOL	i
NO.: DATE: 3-30-74	☐ I.W.D.	CAUSTIC	
ONSIGNOR REPRESENTATION	SYSTECH	CYANIDE	25
W.D. LOOK WASTE:	LANDFILL SO	OTHER LAND - 11. 20 MM	Š
All -	OTHER	OUT " - 11.55AM	ž L
ISPOSAL FACILITY REPRESENTATIVE:	1	REMARKS: ASSESTOS & H2O	DISPOSAL COPY
Zuin XhII	VOLUME	11303103 1120	- .
AMKAGE TRANSFER:	BARRELS	DOT HAZ CLASS!	
GALLONS:	GALLONS 2000	NOT LISTED	
IANK NO.:			
A A A A A A A A A A A A A A A A A A A			
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD.	I.W.D. LIQUI		CAL DISPOSAL
MD DAYTON, OHIO 45414	SPRINGFIELD, O	HIO 45502 DANVILLE, INDIA	
(513) 278-0821	(513) 969-8346	(317) 745-2878	
HAZAR	DOUS WASTE MAN	IFEST	3 5437
GENERATOR OF WASTE (Must be filled in by pro INLAND MANUFACTURI		_	- 010.
Name (print or type):		ni n	
Pick up Address: Engle Road (NO.) (STREET)	Vandalia, O	(CITY)	
	P.O. or Co	ntract No. Blanket Order	
Order Placed By: Jerry Timms		Date: MAR 30	1979
Type of Industry (SIC No.) MF6 Co			
Designated Disposal/Recovery Facility: I D W SO	UTH LANDFILLK	Var. Addition.	
DESCRIPTION OF WASTE (Must be filled by produ			
Type of Waste: ASBESTOS & water			
(Indicate disposal facility code numbers)			
Physical State (circle): solid liquid sludge Hazardous Properties (circle): none toxic		vater-reactive strong sensitizer	
air-re	active other (sp	pecify)	
pH (circle): less than 3 greater than 10			
Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil)		Concentrations: Upper	(% or ppm) Lower
1 ASBESTOS DUST			
2 WATER			
3			
4			
Special Handling Instructions (if any):			
T Classifications: non hazardous			
me of fixoren (print of type).	UID WASTE INC		
Business address: 3106 Snyder Domer Road (NO.) (STREET)		Ohio 45502	
	Pick-up:	-1-60	11.20 am
Waste Hauler's Permit No. (if applicable):			
We certify that the described waste will be delivered	///	ameg above.	
•	////	btac &	
The HAULER shall retain Copy 2 after delivery.	SIGNATUR	OF HAULER OR AUTHORIZED AG	ENT AND TITLE
We certify that the above described waste was deliver SHIPPER'S CERTIFICATION: This is to certify that the and labelled and are in proper condition for tra	above named material	are properly classified, described,	packaged, marked
Traffis partation.	\wedge	1/1/	
DATE 2 - 4 - 1	SIGNATUR	OF GENERATOR OF AUTHORIZED	ACENT AND TITLE
ne GENERATOR shall retain Copy 4 of this manife	/ \		
JISPOSER OF WASTE (Must be filled in by dispose	r)		
Name (print or type):			
Site Address:			
We certify that the hauler named above delivered the			
Permit No			
Treatment or Recovery Process (circle): Treatment	Spreading Area S	LF Area Other (specify):	
If waste is to be held for disposal elsewhere,	specify final location:	A . NI 11	
Disposal Date:		Luis Hall	

ILL OF LADING I.W	.D. LIQUIC	WASTE	INC.	16711	
CUSTOMER: ATION ATION IRUCK CONSIGNOR REPRISED THE LW.D. FORTH WESTER DISPOSAL FACILITY REPRESENTA LATIKAGE TRANSFER: GALLONS: TANK NO.:	.D. LIQUII	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL OTHER VOLUME BARRELS GALLONS ACCOUNTS	TYPE	OF LIQUID	DISPOSAL COPY
MAIN OFFICE: 397.	ASTE DISPOSAL 5 WAGONER FORD RD. YTON, OHIO 45414 3) 278-0821	3106 SNYDER-DO SPRINGFIELD, OI (513) 969-8346	OMER RD.	I.W.D. CHEA 133 TWIN BRID DANVILLE, INDI (317) 745-2878	
CENTRATOR OF WASTS /M		OOUS WASTE MAN	IIFEST		A 5388
. GENERATOR OF WASTE (M Name (print or type): 106	AND MFG	lucer)			
Pick up Address: ENG	LE RO	VANDALIA			
(NO.)	(STREET)		(CITY)	LAUKET	
Order Placed By: W. 7	THOMAS	P. O. or Co		MAR 29,	1979
Order Placed By:	MEG CO		Date:	WDK 21,	///
Designated Disposal/Recovery I		So LAUD	FILC	4	
DESCRIPTION OF WASTE (M			a 10 =		
Type of Waste: ASBES	TOS & H2D	,			
(Indicate disposal facility code num	bers)				
					
Bulk Volume: 2000 gallo		cubic ya		other/specif	
Containerized Waste:		cobic ya			
Physical State (circle): solid	~	other(specify)			Julius Other
Hazardous Properties (circle):	none toxic				corrosive or irrita
•	air-rea	ctive other(sp	pecify)		
pH (circle): less than 3	greater than 10				
Major Components: (Ex: Hydrochloric acid, lead, li 1. ASSESTOS OC 2. (1) ATER	UST				: (% or ppm) Lower
3					
4					
Special Handling Instructions (i					
T Classifications:	LISTED				,
me of HAULER (print or typ	pe): <u>IWD</u> LI	QUID WA	STE_	<u> </u>	
Business address: 3/06	SNYDER-	-DOMER R	10 St	KINGFIEL	U, O
(NO.) Telephone Number: (5/3)	ala -8346	Pick-up:	(CITY)Times	3-29-79	1200 -
Waste Hauler's Permit No. (if ap		or up	1111163		рш
	• •	1			
We certify that the described w	opticable):	,1	amed above.		
We certify that the described w	oplicable):aste will be delivered to	,1	amed above.	= 11-	
We certify that the described w The HAULER shall retain Copy We certify that the above descr SHIPPER'S CERTIFICATION: This and labelled and are in pro	aste will be delivered to 2 after delivery. ibed waste was delivere is to certify that the	o the disposal facility n SIGNATURI ed to the hauler named	E OF HAULER OF herein for dispo	assified, described	ed above. I, packaged, marked
We certify that the described w The HAULER shall retain Copy We certify that the above descr SHIPPER'S CERTIFICATION: This and labelled and are in pro Transportation	aste will be delivered to 2 after delivery. ibed waste was delivere is to certify that the	o the disposal facility in SIGNATURI Control of to the hauler named above named materials according	herein for disposer properly cl	sal at the site namessified, described le regulations of	ed above. I, packaged, marked the Department of
We certify that the described w The HAULER shall retain Copy We certify that the above descr SHIPPER'S CERTIFICATION: This and labelled and are in pro	aste will be delivered to 2 after delivery. ibed waste was delivered is to certify that the apper condition for train	o the disposal facility in SIGNATURI	E OF HAULER OF herein for dispose are properly of to the application of the control of the contr	sal at the site nam assified, described le regulations of ROMAUTHORIZE	ed above. I, packaged, marked the Department of
We certify that the described w The HAULER shall retain Copy We certify that the above descr SHIPPER'S CERTIFICATION: This and labelled and are in pro Transfortation. DATE	aste will be delivered to 2 after delivery. ibed waste was delivere is to certify that the oper condition for train	o the disposal facility in SIGNATURE above named materials according SIGNATURE t after completing the C	E OF HAULER OF herein for dispose are properly of to the application of the control of the contr	sal at the site nam assified, described le regulations of ROMAUTHORIZE	ed above. I, packaged, marked the Department of
We certify that the described w The HAULER shall retain Copy We certify that the above descr SHIPPER'S CERTIFICATION: This and labelled and are in pro Transfortation DATE THE GENERATOR shall retain to	aste will be delivered to 2 after delivery. ibed waste was delivere is to certify that the eper condition for train Copy 4 of this manifes be filled in by disposer	o the disposal facility in SIGNATURI and to the hauler named materials asportation according SIGNATURE t after completing the (1)	E OF HAULER OF herein for dispose are properly of to the application of the application o	sal at the site nam ussified, described le regulations of ROFAUTHORIZE and WASTE DESC	ed above. I, packaged, marked the Department of D AGENT AND TITLE RIPTION portions.

Permit No.

Volume measured at site (if applicable):

Treatment or Recovery Process (circle): Treatment preading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location:

STOMER.	Marie II	TYPE OF SERVICE	TYPE OF LIQUID	
WALL AR		BARRELS	C ACID	
The state of	Sec.	⊒-TANK	SOLVENT	
NOSUR, O		OTHER	Dor	
DATE: 3	28:79	DISPOSAL FACILITY	CAUSTIC	
GNOR REPRESENTATIVE		SYSTECH	CYANIDE	
VQUIDWASTE		HANDFILL So.	IN PLAUT - 759 A	DISPOSAL
かん		OTHER	REMARKS	
SAL FACILITY REPRESENTATIVE:		<u> </u>	ASSESTOS & H2C	COPY
KAGE TRANSFER		VOLUME	DOT HAZ CLASS	
ILONS:		ARRELS	TIMILISTED	
NK NO.:		1800	144 23.20	
The second secon		Carria a const. mar 6.000 desingua de april a de la constante		
INDUSTRIAL WASTE	DISPOSAL	.w.D. LIQUI	D WASTE I.W.D. C	HEMICAL DISPOSAL
MAIN OFFICE: 3975 WAG	ONER FORD RD. OHIO 45414	SPRINGFIELD, OF	OMER RD. 133 TWIN	BRIDGES RD. INDIANA 46122
(513) 278-0		(513) 969-8346	(317) 745-2	
		US WASTE MAN	HEST	A 5418
ENERATOR OF WASTE (Must be ime (print or type): INLAND MAN		er)		
me (print or type): Indiano Han k up Address: Engle Road		andalia, Ohi	0	
(NO.)	(STREET)		(CITY)	
ephone Numbers: 445 8303 der Placed By: Jerry Timms	·	P. O. or Co	ontract No. Blanket Or	8. '79
pe of Industry (SIC No.)	lo		Date: IIII See	
signated Disposal/Recovery Facility	, IWD South	Landfill, I	Dayton, Ohio	
ESCRIPTION OF WASTE (Must be				
ype of Waste: Asbestos and wandicate disposal facility code numbers)	ater			
ontainerized Waste: ysical State (circle): solid liq	drums	pather(specify) flammable w		other
ntainerized Waste: rsical State (circle): solid liq zardous Properties (circle): no	drums uid sludge (pather(specify) flammable w	vater-reactive strong sensiti	other
ntainerized Waste: ysical State (circle): solid lig zardous Properties (circle): no (circle): less than 3 gre jor Components:	drums uid sludge (ne toxic air-reactive eater than 10	pather(specify) flammable w	vater-reactive strong sensiti	other
ysical State (circle): solid lig vzardous Properties (circle): no (circle): less than 3 gre vjor Components: x: Hydrochloric acid, lead, lime, cru	drums uid sludge (ne) toxic air-reactive eater than 10	pa other(specify) flammable w ve other(sp	rater-reactive strong sensitivecify) Concentrati	zer corrosive or irritations: (% or ppm) Lower
ntainerized Waste: ysical State (circle): solid liq zardous Properties (circle): no (circle): less than 3 gre jor Components: x: Hydrochloric acid, lead, lime, cru a.sbestos	drums uid sludge o ne toxic air-reactive eater than 10 ude oil)	pa other(specify) flammable w ve other(sp	rater-reactive strong sensitivecify) Concentrative	zer corrosive or irritations: (% or ppm)
ntainerized Waste: ysical State (circle): solid lig zardous Properties (circle): no (circle): less than 3 gre jor Components: c: Hydrochloric acid, lead, lime, cru asbestos	drums uid sludge o ne toxic air-reactive eater than 10 ude oil)	pa other(specify) flammable w ve other(sp	rater-reactive strong sensitivecify) Concentrati	zer corrosive or irritations: (% or ppm) Lower
ntainerized Waste: //sical State (circle): solid lig zardous Properties (circle): no (circle): less than 3 gre jor Components: :: Hydrochloric acid, lead, lime, cru asbestos water	drums uid sludge o ne toxic air-reactive eater than 10	pa other(specify) flammable w ve other(sp	rater-reactive strong sensitive strong sensitive strong sensitive strong sensitive secify) Concentrative pper	zer corrosive or irritations: (% or ppm) Lower
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entainerized Waste: ysical State (circle): solid lig ezardous Properties (circle): no I (circle): less than 3 gre ejor Components: x: Hydrochloric acid, lead, lime, cre asbestos Water ecial Handling Instructions (if any):	drums uid sludge o ne toxic air-reactiv eater than 10 ude oil)	pa other(specify) flammable w ve other(sp	rater-reactive strong sensitive Concentrati	zer corrosive or irritations: (% or ppm) Lower
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protainerized Waste: ysical State (circle): solid lig paradous Properties (circle): no I (circle): less than 3 gre paradous Properties (circle): no I (circle): less than 3 gre paradous Properties (circle): no I (circle): less than 3 gre paradous Properties (circle): no Asbestos Water OT Classifications: non haza me of HAULER (print or type): I Siness address: 3106 Snyder (NO.) 1 969 8346	drums uid sludge of toxic air-reactive air-	pacther(specify)	rater-reactive strong sensitive strong sensitive strong sensitive strong sensitive secify) Concentrative Upper required Dh 45502	zer corrosive or irritations: (% or ppm) Lower
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azardous Properties (circle): no d (circle): less than 3 gre ajor Components: x: Hydrochloric acid, lead, lime, cre asbestos water DT Classifications:non_haza me of HAULER (print or type):I siness address:(No.)	drums uid sludge of toxic air-reactive attention 10 ude oil) rdous W D LIQUID (STREET) Picke):	pacther(specify)	rater-reactive strong sensitive strong sensitive strong sensitive strong sensitive secify) Concentrative Upper required Oh 45502 (CITY) Times: 3-28-79	zer corrosive or irritations: (% or ppm) Lower
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protainerized Waste: ysical State (circle): solid lighter protainerized Waste: ysical State (circle): solid lighter protainerized Waste: I (circle): less than 3 greet I (circle): less than	rdous— W D LIQUID : OSTREET) Picke): Il be delivered to the delivery.	no placarding VASTE INC Springfield, (Cup:	Concentrati Upper Pequired Oh 45502 (CITY) Times: 3-28-79	corrosive or irritations: (% or ppm) Lower BOAGENT AND TITLE
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ntainerized Waste: rsical State (circle): solid light ardous Properties (circle): no circle): less than 3 greator Components: Hydrochloric acid, lead, lime, cruasbestos Water T Classifications: non haza ne of HAULER (print or type): I (NO.) 1 969 8346 The Hauler's Permit No. (if applicable certify that the described waste will haule had he above described waste will haule had he above described waste will habelled and are in proper components:	rdous— W D LIQUID To Domer Road, S (STREET) Picket: alter was delivered to the delivery. Service was delivered to entitle that the aboundation for transport	pacther(specify) flammable were other(specify) no placarding MASTE INC Springfield, (Coup: De disposal facility nation according to the hauler named to the hauler named in the named materials or	Concentrati Upper Pequired Oh 45502 (CITY) Times: 3-28-79 amenatove. Per properly classified, description the applicable regulations of the applicable r	corrosive or irritations: (% or ppm) Lower BOAGENT AND TITLE lamed above. libed, packaged, marked of the Department of
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ainerized Waste: cal State (circle): solid light	rdous- wid sludge toxic air-reactive air-rea	flammable we other (specify) Flamma	Concentrati Upper Prequired Oh 45502 (CITY) Times: 3-28-79 Amendations FOR HAULER OR AUTHORIZED therein for disposal at the site in are properly classified, describe the applicable regulations is ENERATOR and WASTE DE disposal facility.	other zer corrosive or irritations: (% or ppm) Lower BOAGENT AND TITLE named above. libed, packaged, marked of the Department of lized AGENT AND TITLE SCRIPTION portions.

CHEMTREC 1/800/424-9300

	I.W.D. LIQUI	D MASIE	INU.	15047
INETO (MER	auci.	ATTE OF SERVICE BARRELS	TYPE OF	Market and a first
VANTALIA.		TANK OTHER		VENT
RUCK NO.: ONSIGNOR REDUESE	DATE STATING	DISPOSAL FACILITY [] [W.D. [] SYSTECH	CYA	ISTIC
W.D. LIGHTO WASTE,	PRESENTATIVE.	CANDFILL SO.	COT -	6 20A SAL
ANKAGE TRANSFER	PRESENTATIVE	VOLUME	ASPESTOS DOT HA	Z CIASS:
GALLONS:		GALLONS ZCCC	<u> </u>	31001

1	<u> </u>	
	N	D)
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INDUSTRIAL WASTE DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD.
DAYTON, OHIO 45414
(513) 278-0821

XW.D. LIQUID WASTE 3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346

I.W.D. CHEMICAL DISPOSAL
133 TWIN BRIDGES RD.
DANVILLE, INDIANA 46122
(317) 745-2878

	AZARDOUS WAST	E MANIFEST	A	5323
GENERATOR OF WASTE (Must be filled in			2-1	3020
Name (print or type): INLAND MANUFACT				
Pick up Address: ROAD Va	ndalia, Ohio 45	377 (CITY)		
:lephone Numbers:1445 8303			Blanket	
rieprione Numbers: 10 to	F.	O. or Contract No	MARCH 27	1979
Order Placed By: Jerry Timms		Date	:	
Type of Industry (SIC No.) MFG GO			0.000	
Designated Disposal/Recovery Facility:	I W D SOUTH LAN	DFILL, DAYTON,	OHTO	
DESCRIPTION OF WASTE (Must be filled b	y producer)			
Type of Waste:				
-				
Bulk Volume: 2000 gallons	tons	cubic yards	other(specify)	
Containerized Waste:	drums	pallets		_other
Physical State (circle): solid Tiquid	sludge other(specif			
Hazardous Properties (circle): none	toxic flammab	•	strong sensitizer	corrosive or irrita
Trazarodus i roperties (en de).		other (specify)	-	
all faireful. loss short 2		Other (specify)		
pH (circle): less than 3 greater th	an IU		0	
Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil)			Concentrations: (% Upper	or ppm) Lower
Naccome 1 1/20				
2.				
-				
3				
4	mlog 11 11		-1.4-7.37	
Special Handling Instructions (if any): gog	gres, nard nat	with full face	snieid, gloves	
	_		•	
OT Classifications: non hazardous	no pl	acarding requir	ed	
me of HAULER (print or type):I_W_	D LIQUID WASTE	INC		
ame of HAULER (print or type):I_W_ Business address:3106_Snyder_Dome	D LIQUID WASTE r Road, Springf	INC ield Ohio 4550		
Ime of HAULER (print or type):I_W_ Business address:3106_Snyder_Dome (NO.) (STI	D LIQUID WASTE r Road, Springf REET)	INC ield Ohio 4550 (CITY)	2	7.20 am
me of HAULER (print or type):I_W Business address:3106	D LIQUID WASTE r Road, Springf REET) Pick-up:	INC ield Ohio 4550 (CITY)	2	7-20 am
ume of HAULER (print or type):IW_Business address:3106_ Snyder_Dome (NO.) (STI Telephone Number: 1_969_8346 Waste Hauler's Permit No. (if applicable):	D LIQUID WASTE r Road, Springf REET) Pick-up:	INC ield Ohio 4550 (CITY) Time	2	8 20 am
me of HAULER (print or type):I_W Business address:3106	D LIQUID WASTE r Road, Springf REET) Pick-up:	INC ield Ohio 4550 (CITY) Time	2	720 am
ume of HAULER (print or type):IW_Business address:3106_ Snyder_Dome (NO.) (STI Telephone Number: 1_969_8346 Waste Hauler's Permit No. (if applicable):	D LIQUID WASTE r Road, Springf BEET) Pick-up: livered to the disposal f	INC ield Ohio 4550 (CITY) Time facility samed above.	2 s: 3/27/29	8-20 am
Ime of HAULER (print or type):I_W_ Business address:3106	D LIQUID WASTE Poad, Springf REET) Pick-up: livered to the disposal force.	INC ield Ohio 4550 (CITY) Time acility simed above.	2 15: 3/27/79: 21. CIT DR AUTHORIZED AGEN	7 20 am
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CUSTOMER:	i kanada sindhi dhara		TYPE OF SERVICE	TYPE OF LIQUID	7
Tell /a.	<i>Jan 119</i> 4800	maria E] BARRELS	ACID	
V.		FEE ALL OF	YTANK .	SOLVENT	
		7477 / [E] OTHER	□oı],
		经保险 医皮肤 医皮肤 医皮肤	DISPOSAL FACILITY	CAUSTIC	
	SENTATIVE	-] I.W.D.	CYANIDE	
		*/ e # [SYSTECH	OTHER	Š
W. T. W.		; 	LANDFILL	man distribution	18
		% C	OTHER	REMARKS:	5
DISPOSAL FACILITY	REPRESENTATIVE:	****		Dot MAZIER CLASS	3
Zi	Vall.		.VOLUME	Water	
TANKAGE TRANSF	ER	84	RRELS	Tiller	
GALLONS:	4		illons 2000	7111. ·	
TANK NO.:					



Disposal Date: CHEMTDEC 1 900 404 0000

	MAIN OFFICE: 3975 WAGON DAYTON, OHI (513) 278-0821	0 45414	JW.D. LIQUID WAST 3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346	133 TWIN BRID	
		HAZARDO	US WASTE MANIFEST		A 5324
	R OF WASTE (Must be fill		er)	•	
Name (print or	r type): INLAND MANU	FACTURING			
Pick up Addre			/andalia, Ohio 453		
	445 8303	TREET)	(CIT)	Blanket	
elephone Nu	mbers:		P. O. or Contract No	つ 1 T -	79
				Date:	/ 1
	try (SIC No.)				
			LANDFILL, DAYTON, O	OHIO	
	N OF WASTE (Must be fill) . asbestos & wate:	• •			
Type of Waste Indicate disposa	al facility code numbers)	<u> </u>			
					-
					<u> </u>
ulk Volume:	2000 gallons	tons	cubic yards	other(specif	y)
Containerized '	Waste:	drums	pallets		other
hysical State	(circle): solid (liquio	sludge	other(specify)		
lazardous Pro	perties (circle): none	5 toxic	flammable water-reac	tive strong sensitizer	corrosive or irritant
	\sim	air-reactiv	ve other (specify)	···	
H (circle):	less than 3 greate	er than 10			
fajor Compon	nents:			Concentrations	(% or ppm)
•	loric acid, lead, lime, crude	oil)		Upper	Lower
. ASDE	5705 4			******	
WAI	ter .				
		goggles, h	ard hat with full f	ace shield, glov	es
pecial Handlir	ng Instructions (if any):				
pecial Handlir	ng Instructions (if any):				
		ızardous	no placa	rding required	
OT Classifica	tions: non ha		no placa	•	
OT Classification	tions:non_ha LER (print or type): I M ss:3106_Snyder_Do	D LIQUID W	ASTE INC Springfield, Ohio 4	5502	
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CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	
WHILD MEG	D'BARRELS	□ACID	1
ATION:	TANK	SOLVENT	
INGALIA, O	OTHER	Ooı	
NO DATE, 3 21-79	DISPOSAL FACILITY	CAUSTIC	
ONSIGNOR REPRESENTATIVE:	□ iwo:	CYANIDE	0
Marija Hobias	SYSTECH	OTHER	Š
W.D. IKUID WASTE,	LANDFILL &		XX
ISPOSAL FACILITY REPRESENTATIVE:	□ Oluck	REMARKS.	8
SPORE PACIEII REPRESENTATIVE:		ASBESTOS + H20	₹
ANKAGE TRANSFER:	VOLUME	DOT HAS CLUSS:	
ANKAGE TRANSFER:	BARRELS	WT LISTED	
GALLONS:	GALLONS 2000	4	
TANK NO.:			

	\
IWD)

Name (print or type): ____
Site Address: _____

Permit No.____

Disposal Date: _____

We certify that the hauler named above delivered the described waste to this disposal facility.

If waste is to be held for disposal elsewhere, specify final location:

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

INDUSTRIAL WASTE DISPOSAL

MAIN OFFICE: 3975 WAGONER FORD RD.
DAYTON, OHIO 45414
(513) 278-0821

1:W.D. LIQUID WASTE 3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502

1.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122 (317) 745-2878

.....

	(513) 2/8-0821		(313) 909-	0340	(317) 743-2070	_	
		HAZARDO	OUS WASTE	MANIFEST	2	7	5335
	VASTE (Must be filled		cer)		•	_	0000
Name (print or type	1: INLAUD /	MFG					
Pick up Address:	VANDALI.	4 , C	H10	EUG L (CITY)	E RD		
	(NO.) (STE	REET)' こ_ ダフつィ	2	(CITY)	BI ANVET		
lephone Numbers	(5/3 445	<u>- 0122</u>	P. O.	or Contract No.	MAD 77	10	9
		2			Date: MAR 22,		/
Type of Industry (S	IC No.) //// ()	(C)	C 11	1.100111			
Designated Disposal	/Recovery Facility:	IWD	30 LH	WIFICE			
	WASTE (Must be filled		r)				
	ISBESTOS &	H20					
(Indicate disposal facili	(ty code numbers)			•		_	
	-					-	
Bulk Volume: 20	200 gallons	tons	cul	bic vards	other(specify))	
	-						
	·						
Physical State (circle	·				ve strong sensitizer		
Hazardous Propertie	s (circle): none	toxic	flammable				
		air-reac	tive oti	ner (specity)			
pH (circle): les	ss than 3 greater	than 10					
Major Components:					Concentrations:		
A - A	acid, lead, lime, crude o	Oil)			Upper		Lower
1. HSBESTE	0S / US7						
2. WHIER						-	
3							
4							
Special Handling Ins	tructions (if any):			,			
DOT Classifications:	NOT LIST	EO					
ne of HAULER (1		010 W	457E			
iness address:		10ER-	DOMER	RD S	SPRINGFIELD	0,	0
	(NO.)(STREET)		(CITY)	4	-	291
Telephone Number:	1513, 969	-8346	ick-up:	Т	imes: 3-22-19:		2 am
Waste Hauler's Perm	it No. (if applicable): _			15			
We certify that the	described waste will be	delivered to	the disposal faci	ijy namba abovi	e.)		
	_		X	Charlet Co	a SCAT		
The HAULER shall	retain Copy 2 after deli	ivery.	SIZINA	TURE OF HAULI	ER OR AUTHORIZED AGI	ENT AI	ND TITLE
We certify that the	above described waste	was delivered	to the hauler n	amed herein for o	disposal at the site name	d abov	e.
					rly classified, described, plicoble regulations of		
DATE	-ノイ -/		SW:Nu.	TURE OF GENER	RATOR OR AUTHORIZED	AGEN	T AND TITLE
	chall retain Conv 4 of +	his manifest		L	OR and WASTE DESCR		
			arter completing	OF GENERAL	OH BIR WASTE DESCR	110	na portions.
POSER OF WAS	STE (Must be filled in	by disposer)					

___Volume measured at site (if applicable): ______

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

USTOMER:		PHAVILI	1101	<u> </u>	
INDIANA AL		TYPE OF SERVICE	TYPE OF LIQUID		
		BARRELS	OACID _		
al the late		SETANK	LI SOLVENT		
RUCK		OTHER DISPOSAL FACILITY	Uo		
NO.: 6 1 6 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DATE: 3-21-79	_ □ 1.W.D.	LJCAUSTIC_	 	
XMIII		SYSTECH	CYANIDE .	몽	
W.D. LY UIT WASTE		TANDFILL SO	WANT- 600	101	
Mac		OTHER	REMARKS.	DISPOSAL COPY	
ISPOSAL FACILITY REPRES	SENTATIVE:		ASBESTOS & HI	O 3	
ANKAGE TRANSFER:	Dingmore	VOLUME	DOT HAZ CUE	S:	
U	0	BARRELS	NCT LISTED	¥,	
GALLONS:		GALLONS_ZCCC			
TANK NO.:					
ALGUSTIAN CONTRACTOR OF THE CO		Marian Salah		DISPOS	: A1
	ICE: 3975 WAGONER FORD RD			WIN BRIDGES RD.	3
IVVD	DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, OF (513) 969-8346		ILLE, INDIANA 46122 745-2878	
	HAZAI	RDOUS WASTE MAN	IFEST	7 50	0.4
GENERATOR OF WAS	TE (Must be filled in by pr			A 52	84
Name (print or type):	INLAND MANUFACTUR	ING			*
(NO	GLE ROAD, (STREET)	VANDALIA, OH	IO 45377 (CITY)		*
Telephone Numbers:	15 8303	P. O. or Co	DI AMPER		
Order Placed By: Jerry			Date:	21-79	
	10.1 MFG CO.				
Jesignated Disposal/Rec	רנזיגנ	SOUTH LANDFILL, I	DAYTON, OHIO		
DESCRIPTION OF WAS	STE (Must be filled by prod	lucer)			
Type Of Waster	estos 🏖 water				
(Indicate disposal facility co	ode numbers)				
Bulk Volume:	gailonston:	scubic ya	rds oth	er(specify)	
Containerized Waste:	drums	pa	llets	other	
Physical State (circle):	solid liquid slud	ge other(specify)			
Hazardous Properties (ci	ircle): none tox	ic flammable w	ater-reactive strong s	ensitizer corrosive	or irrita
			ecify)		
pH (circle): less the	an 3 greater than 10		C		
Major Components: (Ex: Hydrochloric acid,			Upper	ntrations: (% or ppm) Lower	
1. ASBESTOS	OUST				 -
2. WATER					
3					
4					
4	itions (if any):				
4Special Handling Instruct					
4	non hazardous -	no placarding re			
4	non hazardous -	no placarding re	equired		
4	non hazardous - it or type): I W D LIQU 3106 Snyder Domer	no placarding re VID WASTE INC Road, Springfield	equired 1, Chio 45502		
4	non hazardous - it or type): I W D LIQU 3106 Snyder Domer	no plac a rding re VID WASTE INC Road, Springfield	equired 1, Chio 45502		am
A	non hazardous – it or type): I W D LIQU 3106 Snyder Domer 1.1 (STREET) 969 8346	no placarding re UID WASTE INC Road, Springfield Pick-up:	equired 1, Ohio 45502 (CITY) Times: 32/		am
A	non hazardous – it or type): I W D LIQU 3106 Snyder Domer 1.1 (STREET) 969 8346	no placarding re UID WASTE INC Road, Springfield Pick-up:	equired 1, Ohio 45502 (CITY) Times: 32/		am
A	non hazardous – it or type): I W D LIQU 3106 Snyder Domer (STREET) 969 8346 o. (if applicable): ribed waste will be delivered	no placarding re UID WASTE INC Road, Springfield Pick-up:	equired 1, Ohio 45502 (CITY) Times: 32/	-79 : <u>6∞</u>	am
4	non hazardous – nt or type): I W D LIQU 3106 Snyder Domer 1.1 (STREET) 969 8346 o. (if applicable): ribed waste will be delivered in Copy 2 after delivery.	no placarding re JID WASTE INC Road, Springfield Pick-up:	equired 1, Ohio 45502 (CITY) Times: 3-2/ amed/above.	79 : 600	am
4	non hazardous - it or type): I W D LIQU 3106 Snyder Domer 3106 Snyder Domer 3106 Snyder Domer 3106 Snyder Domer (STREET) 969 8346 o. (if applicable): ribed waste will be delivered in Copy 2 after delivery. re described waste was delivered in the state of the control of the state o	no placarding re UID WASTE INC Road, Springfield Pick-up: d to the disposal facility for SIGNATURE ered to the hauler named e chove named materials	cquired 1, Ohio 45502 (CITY) Times: 32/ amed/abova. THE OF HAULER OR AUTHOR herein for disposal at the gree properly classified,	RIZED AGENT AND TITL site named above.	arked
4	non hazardous - it or type): I W D LIQU 3106 Snyder Domer (STREET) 3106 Street 3106 Street 3106 Snyder Domer (STREET) 3106 Street 3106 Snyder Domer (STREET) 3106 Street 3106 Snyder Domer 3106 Snyder 3106 Snyde	no placarding re UID WASTE INC Road, Springfield Pick-up: d to the disposal facility for SIGNATURE ered to the hauler named the above named materials transportation according to	cquired 1, Ohio 45502 (CITY) Times: 3:2/ amed/above. 1	RIZED AGENT AND TITL site named above. described, packaged, m	arked ent of
4	non hazardous - it or type): I W D LIQU 3106 Snyder Domer 3106 Snyder Domer 3106 Snyder Domer 3106 Snyder Domer (STREET) 969 8346 o. (if applicable): ribed waste will be delivered in Copy 2 after delivery. re described waste was delivered in the state of the control of the state o	no placarding re UID WASTE INC Road, Springfield Pick-up: d to the disposal facility for SIGNATURE ered to the hauler named the above named materials transportation according to	cquired 1, Ohio 45502 (CITY) Times: 3:2/ amed/above. 1	RIZED AGENT AND TITL site named above. described, packaged, m	arked ent of
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A. Special Handling Instruct DOT Classifications: Name of HAULER (print siness address: Lephone Number: Waste Hauler's Permit No We certify that the descr The HAULER shall retain We certify that the above SHIPPER'S CERTIFICATION and labelled and are Transportation. DATE The GENERATOR shall	non hazardous – It or type): I W D LIQU 3106 Snyder Domer (STREET) 969 8346 o. (If applicable): ribed waste will be delivered in Copy 2 after delivery. We described waste was delived in proper condition for the state of the state	no placarding re JID WASTE INC Road, Springfield Pick-up: d to the disposal facility for SIGNATURE ered to the hauler named is er above named materials ransportation according to	Times: 32/ Times: 32/ Times:	RIZED AGENT AND TITLE site named above. described, packaged, mations of the Department of the Departme	arked ent of
A	non hazardous - it or type): I W D LIQU 3106 Snyder Domer 3106 Snyder Domer (STREET) 969 8346 o. (if applicable): ribed waste will be delivered in Copy 2 after delivery. We described waste was delived in proper condition for the second copy 4 of this manif	no placarding results of the place of the pl	Times: 32/	RIZED AGENT AND TITLE site named above. described, packaged, matters of the Department of the Departme	arked ent of
A	non hazardous - it or type): I W D LIQU 3106 Snyder Domer 3106 Snyder Domer (STREET) 969 8346 o. (if applicable): ribed waste will be delivered in Copy 2 after delivery. It described waste was delivered It This is to certify that the in proper condition for the I This is the certify that the in proper condition for the (Must be filled in by dispose	no placarding results of the place of the pl	Times: 32/	RIZED AGENT AND TITLE site named above. described, packaged, matters of the Department of the Departme	arked ent of
A	non hazardous – It or type): I W D LIQU 3106 Snyder Domer D. (STREET) 969 8346 o. (If applicable): ribed waste will be delivered in Copy 2 after delivery. If described waste was delived in proper condition for the proper condition for t	no placarding results and placarding results and placarding results and placarding results and place and p	Times: 32/	RIZED AGENT AND TITLE site named above. described, packaged, matter of the Department of the Departmen	TITLE
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A. Special Handling Instruct DOT Classifications: Name of HAULER (print "siness address: (NOephone Number:ephone Number: Waste Hauler's Permit No We certify that the descr The HAULER shall retain We certify that the above SHIPPER'S CERTIFICATION and labelled and are Transpectation. DATE The GENERATOR shall DISPOSER OF WASTEme (print or type):te Address: We certify that the haule Permit No	non hazardous – It or type): I W D LIQU 3106 Snyder Domer D. (STREET) 969 8346 o. (If applicable): ribed waste will be delivered in Copy 2 after delivery. If described waste was delived in proper condition for the proper condition for t	no placarding results and placarding results and principle decreed to the hauler named and entertain remaportation according to serious and place	Times: 32/	RIZED AGENT AND TITLE site named above. described, packaged, wattons of the Department PHORIZED AGENT AND TE DESCRIPTION portions of the Descr	TITLE
A	non hazardous - it or type): I W D LTQU 3106 Snyder Domer 3106 Snyder Domer (STREET) 969 8346 o. (if applicable): ribed waste will be delivered in Copy 2 after delivery. If described waste was delivered the control of the	no placarding re JID WASTE INC Road, Springfield Pick-up: d to the disposal facility in SIGNATURE ered to the hauler named it signature SIGNATURE fest after completing the Coser) ne described waste to this completed in the completion of the completed in the complete in the completed in the completed in	Times: 3:2/ Times:	RIZED AGENT AND TITLE site named above. described, packaged, wattons of the Department PHORIZED AGENT AND TE DESCRIPTION portions of the Descr	TITLE
A	non hazardous — It or type): I W D LIQU 3106 Snyder Domer O. (if applicable): (STREET) 969 8346 o. (if applicable): (It of the street of t	no placarding results with the disposal facility in SIGNATURE ered to the hauler named it seems at Spreading Area Signature at Spreading Area Spreading Area Spreading Area Spreading Area Spreading A	Times: 3:2/ Times:	RIZED AGENT AND TITLE site named above. described, packaged, mations of the Department THORIZED AGENT AND E DESCRIPTION portion e):	arked ent of

CHEMTREC 1/800/424-9300

JSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
ADEAU SEA TO SEE	BARRELS	ACID
	TANK	SOLVENT
URBOMARS LESSES	OTHER] [OL
RUCK DATE 3-21-19	DISPOSAL FACILITY	CAUSTIC
ONSIGNOR REPORTED TO	L.W.D.	CYANIDE
Market Street	LANDFILL So.	OTHER SO PM
WD/ OU WASTE	OTHER	OUT " -3.30 PM
DISPOSAL FACILITY REPRESENTATIVE:		ASESTOS / H20
Avis Hall	VOLUME	DOT HAZ CUESS.
TANKAGE TRANSFER:	BARRELS	The Cold
GALLONS:	GALLONS 200	IMIKIACE
TANK NO.:		
	Bar Son ก็สกับเราหนึ่ง	Correlation de Legen out all de training des des

(IWD)

MAIN OFFICE: 3975 WAGONER FORD RD.
DAYTON, OHIO 45414
(513) 278-0821

3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346

133 TWIN BRIDGES RD.
DANVILLE, INDIANA 46122
(317) 745-2878

	HAZARI	OUS WASTE M	ANIFEST	1	Z	5334
GENERATOR OF WASTE (Must be file	lled in by prod	lucer)		•	-	O J O I
Name (print or type): ///ANO	11F6					
Pick up Address: ENGLE R	<i>20</i>	VANDACIA				
	STREET)		(CITY)	0.10100		
lephone Numbers: 5/3 445	1000		Contract No. 👤		10	20
der Placed By:			Date	: _ <i>]]]]{{K Z } }</i>	19.	/7
Type of Industry (SIC No.)	(21)	141100 11		- a i	\sim	
Designated Disposal/Recovery Facility:	SIVTH	LANDFILL	, 100	CAYTON,	Q	
DESCRIPTION OF WASTE (Must be fil		er)				
· / po o · / ooco · <u>/ / - D o · / · · · / · · · / · · · / · · · / · · · / · · · / · · · / · · · / · · · / · · · / · · · / · · · · / · · · · / · · · · / · · · · / · · · · · / ·</u>	5 H20					
(Indicate disposal facility code numbers)					_	
					-	
Bulk Volume: 2000_gallons	•			other(specify	- \	
Containerized Waste:	drums _		_ pailets		otl	ner
Physical State (circle): solid liqui	id/ sludge	other(specify) _				
Hazardous Properties (circle): none	e toxic	flammable	water-reactive	strong sensitizer	cor	rosive or irrita
	air-rea	ctive othe	r(specify)			
pH (circle): less than 3 grea	ter than 10					
Major Components:				Concentrations:	(% or p	pm)
(Ex: Hydrochloric acid, lead, lime, crud	de oil)			Upper	L	ower
1. 17500 1101						
2. WHIER						
3						
4						
Special Handling Instructions (if any):_						
DOT Classifications: NOT 1/	(578/)					
DOT Classifications: 1007 1/	STED	BUD W	14875			
ne of HAULER (print or type):	STED WOLL	IQUID W.	ASTE POS	OP WAFIE	7	
,	STED WD L (STREET)	IQUID W. DOMEL.	ASTE ROS	PLINGFIEL	0.	0
ne of HAULER (print or type):	STED WD L WDER - (STREET) 9-834K	19010 W. DOMEL,		PLINDFIEL 5: 3-21-79	D. 3	0 200
ne of HAULER (print or type): 10 mess address: 3/06 SV (NO.) Telephone Number: (5/3) 96		10010 W. DOMCL .		PLUDFIEL :: 3-21-79	D. 3	0 200
ne of HAULER (print or type):):	·	Time	PLINGF1ELL 15: 3-21-79:	D. 3	0 300 -
ne of HAULER (print or type):):	·	Time	PLINDFIEL 15: 3-21-79:	D. 3	0 200
ne of HAULER (print or type):):be delivered to	·	Time	PLINDFIELD is: 3-21-79:)3	D TITLE
ne of HAULER (print or type):	be delivered to	o the disposal facilit	Timed above.	OR AUTHORIZED AGE		
me of HAULER (print or type):	be delivered to delivery. te was delivere	o the disposal facility SIGNAT d to the hauler name	Time Time Time Time Time OF HAULER (led herein for dispirals are properly	OR AUTHORIZED AGE Osal at the site named	above packa	ged, marked
me of HAULER (print or type):	be delivered to delivery. te was delivere trify that the d dition for tran	o the disposal facility SIGNAT d to the hauler name	Time Time Time Time Time OF HAULER (led herein for dispirals are properly	OR AUTHORIZED AGE Osal at the site named	above packa	ged, marked
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me of HAULER (print or type):	be delivered to delivery. te was delivered that the dition for training the delivered by t	o the disposal facilities of the disposal facilities of the facili	Timed above. ORE OF HAULER Conditions are properly ing to the applications of GENERAT	OR AUTHORIZED AGE Osal at the site named classified, described, ible regulations of	package the De	ged, marked partment of
ne of HAULER (print or type):	be delivered to delivery. te was delivered that the condition for training of this manifes	o the disposal facility SIGNAT d to the hauler namelabove named mater asportation according SIGNAT t after completing	Timed above. ORE OF HAULER Conditions are properly ing to the applications of GENERAT	OR AUTHORIZED AGE Osal at the site named classified, described, ible regulations of	package the De	ged, marked partment of
me of HAULER (print or type):	be delivered to delivery. te was delivered that the deliver for training for training for this manifes in by disposer	o the disposal facility SIGNAT d to the hauler name above named mater according to the signature of the si	Timed above. One of HAULER Coded herein for dispitals are properlying to the application of the application	OR AUTHORIZED AGE osal at the site named classified, described, ible regulations of OR OR AUTHORIZED and WASTE DESCR	package the De	ged, marked partment of
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me of HAULER (print or type): Jiness address: NO.) Telephone Number: Waste Hauler's Permit No. (if applicable) We certify that the described waste will The HAULER shall retain Copy 2 after of We certify that the above described was SHIPPER'S CERTIFICATION: This is to cer and labelled and are in proper cond Transportation. DATE The GENERATOR shall retain Copy 4 of SPOSER OF WASTE (Must be filled) Name (print or type): Site Address: We certify that the hauler named above	be delivered to delivery. te was deliverentify that the dition for transport of this manifes in by disposer delivered the deliv	o the disposal facility SIGNAT d to the hauler name above named mater asportation according to after completing to described waste to the second completion according to the second completion	Timed above. Trained above. The OF HAULER of the derein for disposate of the application of the derein of the application of the derein of t	OR AUTHORIZED AGE osal at the site named classified, described, abla regulations of OR OR AUTHORIZED and WASTE DESCR	above package the De	ged, marked partment of
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me of HAULER (print or type): iness address: (NO.) Telephone Number: Waste Hauler's Permit No. (if applicable) We certify that the described waste will The HAULER shall retain Copy 2 after of the thick of th	be delivered to delivery. te was delivered that the dition for training and the delivered the deliv	be the disposal facility of to the hauler name is to the hauler name is portation according to a factor of the sportation according to	Time Trained above. ORE OF HAULER of the deferent for disposed the application of the application of the deference of the d	OR AUTHORIZED AGE osal at the site named classified, described, ible regulations of OR OR AUTHORIZED and WASTE DESCR	above package the De	ged, marked partment of

USTOMER.	Type On CENTURE	TYPE OF LIQUID	É
DIOMER.	TYPE OP SERVICE	PART CONTRACTOR OF THE PART OF	· 6
"MEADO MICO	BARRELS	ACID	-
AND AND O	TANK	SOLVENT	- 1
VANDACIS, U	OTHER		-
RUCK 616 DATE: 3-20-79	DISPOSAL FACILITY	CAUSTIC	- 1
ONSIGNOR REPRESENTATIVE:	SYSTECH	CYANIDE	
Molhamas	LANDFILL So.	OTHER	DISPOSAL
W.D. LIQUID YASTE.		1N 12AM - 5.80H	S A
Mrac	OTHER	REMARKS:	COPY
ISPOSAL FACILITY REPRESENTATIVE:		ASPESTOS AHIZO.	7
Haye Dingmore	VOLUME	DOT HAZ CLAS!	V.
ANKAGE TRANSFER!	BARRELS	DOT LISTED	#
GALLONS:	GALLONS ZCO	-	3
TANK NO.:			
		All the second second second second second	Arto di
The second secon	The second secon	di karangan in manandan dan disersah karangan di menghabbikan di Merike.	
INDUSTRIAL WASTE DISPOSAL	ylxylyl.W.D. LIQU	ID WASTE TO I WID CHE	MICAL DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD.	3106 SNYDER-D	OMER RD 133 TWIN BRI	DGES RD.
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, C (513) 969-8346	OHIO 45502 DANVILLE, IN (317) 745-287	
		UEFOT	· ·
	DOUS WASTE MAI	NIFESI	A 5322
GENERATOR OF WASTE (Must be filled in by pro			
Name (print or type):		377	
Pick up Address: (NO.) (STREET)		(CITY)	
phone Numbers: 445 8303	P. O. or C	ontract No. Blanket	
Order Placed By: Jerry Timms		Date: MAR 20	1979
Type of Industry (SIC No.) MFG CO			
Designated Disposal/Recovery Facility: IWD SOUT	TH LANDFILL, DAY	TON, OHIO	
DESCRIPTION OF WASTE (Must be filled by produ	ucer)		
Type of Waste: asbestos & water			
(Indicate disposal facility code numbers) -			
Bulk Volume: 2000 gallons tons	cubic v	ards other(spec	ify)
•		allets	
Physical State (circle): solid liquid studg			
Hazardous Properties (circle): none toxic		water-reactive strong sensitize	
		pecify)	
	eactive other is	pecity	
pH (circle): less than 3 greater than 10			
Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil)		Concentration Upper	ns: (% or ppm) Lower
			Lower
1. asbestos			
1aspestos 2water			
2. <u>water</u>			
2. <u>water</u> 3			loves
2. water 3 4 Special Handling Instructions (if any):goggl@			loves
2. <u>water</u> 3	es, hard hat wit		loves
2. water 3 4 Special Handling Instructions (if any):goggl@	es, hard hat wit	h full face shield, g	loves
2. water 3	es, hard hat wit no plac	h full face shield, g	loves
2. water 3. 4. Special Handling Instructions (if any): goggle "T Classifications: non hazardous ie of HAULER (print or type): I W D LIQUE Business address: 3106 Snyder Domer Road (NO.) (STREET)	es, hard hat wit no plac ID WASTE INC Springfield,	ch full face shield, government of the full face shield face shiel	
2. water 3	es, hard hat wit no place ID WASTE INC Springfield,	ch full face shield, government of the full face shield face shiel	
2. water 3	es, hard hat wit no place ID WASTE INC Springfield,	ch full face shield, government of the full face shield face shiel	
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2. water 3. 4. Special Handling Instructions (if any): gogs14 PT Classifications: non hazardous ie of HAULER (print or type): I W D LIQUE Business address: 3106 Snyder Domer Road (NO.) (STREET) Telephone Number: 1 969 8346 Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered	es, hard hat wit no plac ID WASTE INC Springfield, Pick-up:	ch full face shield, given arding required Oh 45502 (CITY) Times: MAL 20	
2. water 3	no place ID WASTE INC Springfield, Pick-up:	ch full face shield, given arding required Oh 45502 (CITY) Times: MAL 20 Camed bove.	1979 and And TITLE
2. water 3. 4. Special Handling Instructions (if any): goggle 3. T Classifications: non hazardous 4. 6. 6. 10 10 10 10 10 10 10 10 10 10 10 10 10	as, hard hat wit no place ID WASTE INC Springfield, Pick-up: to the disposal facility SIGNATURE red to the hauler named	ch full face shield, given full face shield, given full face shield, given full full face shield, given full face shield, given full face shield, given full face shield, given for disposal at the site nais are properly classified, describ	AGENT AND TITLE med above.
2. water 3	as, hard hat wit no place ID WASTE INC Springfield, Pick-up: to the disposal facility stock to the hauler named above named material ansportation according	ch full face shield, given and required Oh 45502 (CITY) Times: MAL 20 Times: MAL 20 The of HAULER OR AUTHORIZED. The of HAULER OR AUTHORIZED and the second to the applicable regulations	AGENT AND TITLE med above. ed, packaged, marke of the Department of
2. water 3. 4. Special Handling Instructions (if any): gogs14 T Classifications: non hazardous ie of HAULER (print or type): I W D LIQU: Business address: 3106 Snyder Domer Road (NO.) (STREET) Telephone Number: 1 969 8346 Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delive SHIPPER'S CERTIFICATION: This is to certify that the and labelled and are in proper condition for treatment of the shall retain the shall retain the shall retain copy 2 after delivery.	no place ID WASTE INC Springfield, Pick-up: to the disposal facility signature red to the hauler named above named material ansportation according	ch full face shield, given arding required Oh 45502 (CITY) Times: MAL 20 Times: MAL 20 The of HAULER OR AUTHORIZED. Therein for disposal at the site nails are properly classified, describ to the applicable regulations FOR GENERATOR OR AUTHORIZED.	AGENT AND TITLE med above. ed, packaged, marke of the Department of
2. water 3	no place ID WASTE INC Springfield, Pick-up: to the disposal facility signature red to the hauler named above named material ansportation according	ch full face shield, given arding required Oh 45502 (CITY) Times: MAL 20 Times: MAL 20 The of HAULER OR AUTHORIZED. Therein for disposal at the site nails are properly classified, describ to the applicable regulations FOR GENERATOR OR AUTHORIZED.	AGENT AND TITLE med above. ed, packaged, marke of the Department of
2. water 3. 4. Special Handling Instructions (if any): gogs14 T Classifications: non hazardous ie of HAULER (print or type): I W D LIQU: Business address: 3106 Snyder Domer Road (NO.) (STREET) Telephone Number: 1 969 8346 Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delive SHIPPER'S CERTIFICATION: This is to certify that the and labelled and are in proper condition for treatment of the shall retain the shall retain the shall retain copy 2 after delivery.	as, hard hat wit no place ID WASTE INC Springfield, Pick-up: to the disposal facility signature red to the hauler named above named material ansportation according	ch full face shield, given arding required Oh 45502 (CITY) Times: MAL 20 Times: MAL 20 The of HAULER OR AUTHORIZED. Therein for disposal at the site nails are properly classified, describ to the applicable regulations FOR GENERATOR OR AUTHORIZED.	AGENT AND TITLE med above. ed, packaged, marke of the Department of
2. water 3	as, hard hat wit no place ID WASTE INC Springfield, Pick-up: to the disposal facility stowature red to the hauler named above named material ansportation according SiGNATURE stafter completing the	ch full face shield, given full face shield, given full face shield, given full full face shield, given full face full face full full face full full face full full full full full full full ful	AGENT AND TITLE med above. ed, packaged, marke of the Department of
2. water 3	as, hard hat wit no place ID WASTE INC Springfield, Pick-up: to the disposal facility stowature red to the hauler named above named material ansportation according SiGNATURE stafter completing the	ch full face shield, given full face shield, given full face shield, given full full face shield, given full face full face full full face full full face full full full full full full full ful	AGENT AND TITLE med above. ed, packaged, marke of the Department of
2. water 3. 4. Special Handling Instructions (if any): goggle "T Classifications: non hazardous "e of HAULER (print or type): I W D LIQUE Business address: 31.06 Snyder Domer Road (NO.) (STREET) Telephone Number: 1 969 8346 Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delive SHIPPER'S CERTIFICATION: This is to certify that the and labelled and are in proper condition for the Transportation. DATE GENERATOR shall retain Copy 4 of this manife. "SPOSER OF WASTE (Must be filled in by dispose	as, hard hat wit no place ID WASTE INC Springfield, Pick-up: to the disposal facility signature red to the hauler named above named material ansportation according Signature est after completing the	ch full face shield, given full face shield, given full face shield, given full face shield, given full face full face full face full face full for disposal at the site nails are properly classified, describ to the applicable regulations for GENERATOR and WASTE DES	AGENT AND TITLE med above. ed, packaged, marked of the Department

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

ווזזיטי בועט	IV MAVIL I	10004	
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	4
ULANO MEG	BARRELS	ACID	
NI NI W IN	TANK	SOLVENT	
TRUCK OF THE TRUCK	DISPOSAL FACILITY	UOIL	
NO.: DATE: 5-/3-79	□ I.W.D.	CAUSTIC	
X	SYSTECH	CYANIDE	
LW.D/LICHIDAYSTE:	LANDFILL SO	W WANT 9 OS AM	
Male	OTHER (OTHER WINDAM GOS AM OUT GOS A	***************************************
DISPOSAL FACILITY REPRESENTATIVE:		ASB4570S & H20	
Jage Disamore	VOLUME	DOT HAZ CLASS:	13
IANKAGEJKANSFER: 0	BARRELS	NOT LISTED	
GALLONS:	GALLONS 1600		
TANK NO.:			
<u> </u>			_
INDUSTRIAL WASTE DISPOSAL	J.W.D. LIQUID	WASTE I.W.D. CHEMIC	AL DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD R	r1	AER RD. 133 TWIN BRIDGES	RD.
(513) 278-0821	(513) 969-8346	(317) 745-2878	A 40121
HAZA	RDOUS WASTE MANI	FEST	5841
GENERATOR OF WASTE (Must be filled in by	roducer)	.	7 30#1
Name (print or type): INLALID MFG		~	
Pick up Address: EUGLE RD (STREET)	VANDALIA, C	(CITY)	
	6 P. O. or Con		
der Placed By: W. THOMAS		Date: ##4 /2 /	979
Type of Industry (SIC No.) MF6 CO.			
Designated Disposal/Recovery Facility:) So. LANI	DFILL DAYTON,	CH
DESCRIPTION OF WASTE (Must be filled by pro	ducer)		
Type of Waste: ASESTOS & H2	<u> </u>		
(Indicate disposel facility code numbers)			
Bulk Volume: gallons to	as cubic year	de other(specify)	
Containerized Waste:drum Physical State (circle): solid liquid slui	·	ets	other
		ter-reactive strong sensitizer	corrosive or irrit
		cify)	
pH (circle): less than 3 greater than 10)		
Major Components:		Concentrations: (9	K or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper	Lower
1111750			
_ / -			
3			
4Special Handling Instructions (if any):			
Special Flanding Historicions (ii any).			
DOT Classifications: NOT LISTED			
me of HAULER (print or type): 1000	IQUID WASTE	<u> </u>	
	DOMER RO	SPRINGFIELD	, OH
(NO.) (STREET	//	ICITY)	0.05 am
Telephone Number: 5/3 9/04 - 8/34	Pick-up:	Times: 5-12-19:_	7
Waste Hauler's Permit No. (if applicable):		11 x 1/1 }	
We certify that the described waste will be delivered	d to the disposal facility name	thet atequia	
The HAULER shall retain Copy 2 after delivery.	JONATURE	OF HAULER OR AUTHORIZED AGEN	NT AND TITLE
We certify that the above described waste was deli	vered to the hauler named h		
SHIPPER'S CERTIFICATION: This is to certify that to and labelled and are in proper condition for			
Transportation.	Y	196	Farmon VI
5 12 79 DATE	SIGNATURE	GENERATOR OR AUTHORIZED	GENT AND TITLE
The GENERATOR shall retain Copy 4 of this man	fest after completing the G	ENERATOR and WASTE DESCRI	PTION portions.
DISPOSER OF WASTE (Must be filled in by dispose			
Name (print or type):			
Site Address:			
We certify that the hauler named above delivered t		,	
Permit No	Volume meas	ured at site (if applicable):	·····
Treatment or Recovery Process (circle): Treatme	. •	F Area Other (specify):	
If waste is to be held for disposal elsewher	,,,	\mathcal{A} .	
Disposal Date: 5-12-19	SIGNATURE	OF DISPOSER OR AUTHORIZED AGE	NT AND TITLE
	SIGNATURE		

ustomer.			ID WASIE		E OF LIQUID		
(15 '23.			□ BARRELS		ACID		
TEME	DO MEG	1	I □->KK			7 1	
.74.17			· II		_SOLVENT	7 1	
YALY	\mathbf{x}_{LIH} , \mathbf{O}		DISPOSAL FACILITY		_OIL	$\exists \exists 1$	
NO., 1		TE: 5-14-19	□ I.W.D.		_CAUSTIC	-	
ONSIGNO	REPRESENTATIVE		SYSTECH			- 5	
	Charle .	4	- HANDFILL S		OTHER , 30 AM	SPOSAL	
1/2	プシー		OTHER	CUT	- 2.25 AM		
ISPOSAL FA	CILITY REPRESENT	ATIVE:		REMARKS:	- 1/·O	ြင္သ	
D.	. 0	in the	VOLUME	1352	OS FARO		
ANKAGE TE	RANSFER	<u> </u>	BARRELS	100	HAZ CIND	40.0	
GALLONS:_			GALLONS ZWO	T 11.0	T USTED]	_ 4	
			GALLONS	1		-	
TANK NO.:_							
			<u></u>			<u> </u>	
WD	MAIN OFFICE: 39	WASTE DISPOSAL 75 WAGONER FORD RD AYTON, OHIO 45414 13) 278-0821		OHIO 45502	I.W.D. CHE 133 TWIN BRII DANVILLE, INC (317) 745-2878	DGES RD. DIANA 461:	-
			RDOUS WASTE MA	NIFEST		A	5843
	113	Must be filled in by pr LAND MFG	roducer)				
•	t or type):/\(\begin{align*} \begin{align*} \text{FIV} \\ \end{align*}	CIE DA	MANDALIA	1 0			
Pick up Ade	dress:	(STREET)	VANDAMA	(CITY)			
:phone l	Numbers: <u>5/3</u>	227-8166	P. O. or (Contract No	PLALKET		
Urder Place	ed By: <u>W 7</u>	HOMAS		Da1	e: MH4 14	197	9
Type of Inc	dustry (SIC No.)	MFG CO.					
Designated	Disposal/Recovery	Facility: <u>/WD</u>	So LANDFIL	L, DA41	73W, OH		
DESCRIPT	ION OF WASTE	Must be filled by proe	(ucer)	,			
Type of Wa	iste: <i>ASES</i> 7	ros & Haw	/ 				
(Indicate disp	posal facility code num	nbers)					
Physical Sta	red Waste:ate (circle): solid	Iliquid stud	ge other(specify)				
mazardous	Properties (circle):	المستسبب		(specify)			
pH (circle):	less than 3	greater than 10	50,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Major Comp		greater trials to			Concentration	s: 1% or 0	nm l
	ochloric acid, lead,	ST			Upper		ower
1. ASB							
1. ASB 2. WAT							
1. ASB 2. WAT 3							
1. ASB 2. WAT 3 4							
1. ASB 2. WAT 3 4							
1. ASS 2. WAT 3 4 Special Han	dling Instructions ((if any):					
1. ASS 2. WAT: 3 4 Special Han	dling Instructions (III any):					
1. ASB 2. WAT: 3 4 Special Han 2T Classiff ne of HA	dling Instructions (fications: NOT AULER (print or ty	III any):	AW CNOOL				
1. ASA 2. WAT 3 4 Special Han 2T Classiff ne of HA	dling Instructions (III any):					3.5
1. ASA 2. WAT 3	fications: NOT AULER (print or ty dress: 3106	III any): LISTED (pe):[WOL SNY/DEP]	AW CNOOL	STE_	BFIELD, C		30 en
1. ASA 2. WAT 3. 4. Special Han 2. T Classiff ne of HA Business add Telephone N	fications: NOT AULER (print or ty dress: SIO6 (NO.)	III any): LISTED (pe):[WOL SNY/DEP]	IQUUO WA DOMER RO Pick-up:	STE SPRI (CITY)	BFIELD, C		30 en
1. ASA 2. WAT 3	fications: NOT AULER (print or ty dress: SICG (NO.) Number: SS	Ilifany): LISTED (pe): LWO L SWATE- (STREET) (STREET) (STREET)	IQUUO WA DOMER RO Pick-up:	STE SPRI (CITY)	BFIELD, C		30 an
1. ASA 2. WAT 3	fications: NOT AULER (print or ty dress: SICG (NO.) Number: SS	Ilif any): LISTED (pe): LWO L (STREET) (st	Pick-up:	STE SPRI (CITY) Time named above.	BF1EU), C 65:5-14-79 14))	30 pr
1. ASA 2. WAT 3	fications: NOT AULER (print or ty dress: 3106 (NO.) Number: 573 er's Permit No. (if a that the described v	if any): LISTED (pe): LWO L (STREET) GSTREET)	Pick-up:	CCITY) Tim named adove.	SFIED, C es: 5-14-79) :/	30 pr
1. ASA 1. 2. WAT 2. WAT 3. 4. Special Han 3. T Classif ne of HA Business add Telephone N Waste Haule We certify 1. The HAULE We certify 1. SHIPPER'S Cond, label 1. Transportation of the property of the transportation of	edling Instructions (fications: NOT AULER (print or ty dress: NO.) Number: S er's Permit No. (if a that the described v ER shall retain Cop that the above desc CERTIFICATION: This dond are in pro-	If any): IFED IPED IPED ISTREET) ISTREET, ISTREET,	Pick-up:	(CITY) Tim named above. RE OF HAULER Id herein for dis	SFIELD, C es: 5-/4-79 OR AUTHORIZED A cosal at the site nan classified, describe	GENT AN med above	OTITLE
1. ASA 1. 2. WAT 2. WAT 3. 4. Special Han 3. T Classif ne of HA Business add Telephone N Waste Haule We certify 1. The HAULE We certify 1. SHIPPER'S Cond, label 1. Transportation of the property of the transportation of	fications: NOT AULER (print or ty dress: SICG (NO.) Number: SI3 er's Permit No. (if a that the described v ER shall retain Cop that the above desc ERTIFICATION: This ed and are in pro-	If any): IFED IPED IPED ISTREET) ISTREET, ISTREET,	Pick-up: SIGNATU STORE TO THE PROPERTY OF TH	(CITY) Tim named above. RE OF HAULER Id herein for dis als are properly to the applic	es: 5-/4-)9 OR AUTHORIZED A Classified, describe uble regulations of	GENT AN ned above	D TITLE
1. A Special Han 2. WAT 3	fications: NOT AULER (print or ty dress: SIO Number: SIS er's Permit No. (if a that the described v ER shall retain Cop that the above desc CERTIFICATION: This ion / 4	if any): LISTED (pe): LWO K STREET) GSTREET) GSTREET) GY - S'-4 (C) specificable): waste will be delivered y 2 after delivery. ribed waste was delive s is to certify that the oper condition for to	Pick-up: SIGNATU STORE TO THE PROPERTY OF TH	named adove Tim RE OF HAULER Id herein for dis als are properly to the applic	es: 5-/4-)9 OR AUTHORIZED A Classified, describe able regulations of	GENT AN ned above d, package f the De	D TITLE ged, marke partment of
1. ASA 2. WAT 3	fications: NOT AULER (print or ty dress: SICG (NO.) Number: SI3 er's Permit No. (if a that the described v ER shall retain Cop that the above desc CERTIFICATION: This ad and are in pro- ion. SIGN RATOR shall retain	If any): LISTED (pe): LWO K STREET) GSTREET) GSTREET) GY - S'-4 (C) (street) (Pick-up: To the disposal facility SIGNATU SIGNATU SIGNATU SIGNATU	named adove Tim RE OF HAULER Id herein for dis als are properly to the applic	es: 5-/4-)9 OR AUTHORIZED A Classified, describe able regulations of	GENT AN ned above d, package f the De	D TITLE ged, marke partment of
1. ASA 2. WAT 3	fications: NOT AULER (print or ty dress: SICG (NO.) Number: SI3 er's Permit No. (if a that the described w ER shall retain Cop that the above desc ERTIFICATION: This ad and are in pro- ion. CRATOR shall retain OF WASTE (Must	If any): LISTED (pe): LWO L (STREET) GSTREET) GSTREET) GY 2 SH(C (spplicable): waste will be delivered y 2 after delivery. ribed waste was delivered is to certify that the oper condition for the cond	Pick-up: To the disposal facility SIGNATU SIGNATU SIGNATU SIGNATU	(CITY) Tim named above. RE OF HAULER Id herein for dis als are properly to the applic RE OF GENERA E GENERATOR	OR AUTHORIZED A Classified, describe able regulations of OR OR AUTHORIZE and WASTE DESC	GENT AN med above of the De	DTITLE
1. ASA 2. WAT 3	diling Instructions (fications: NOT AULER (print or ty dress: SICG (NO.) Number: SICG er's Permit No. (if a that the described v ER shall retain Cop that the above desc CERTIFICATION: This ad and are in pro- ion. RATOR shall retain OF WASTE (Must t or type):	if any): LISTED (pp): LWO L (STREET) GOO-S34(C applicable): vaste will be delivered y 2 after delivery. ribed waste was delive s is to certify that the oper condition for to Copy 4 of this manificate filled in by dispose	Pick-up: SIGNATU ered to the hauler name a above named materic ransportation according SIGNATU est after completing the	(CITY) Time named above The OF HAULER of herein for displaying to the application of the	OR OR AUTHORIZE OR OF AUTHORIZE OR OF AUTHORIZE and WASTE DESC	GENT AN med above of the De	DTITLE ged, marke partment of
1. Special Han 2. WAT 3. 4. Special Han OT Classif ne of HA Business add Telephone N Waste Haule We certify t The HAULE We certify t Transportati DATE Transportati ISPOSER Name (print Site Address	diling Instructions (fications: NOT AULER (print or ty dress: SIO (NO.) Number: SI3 er's Permit No. (if a that the described v ER shall retain Cop that the above desc ERTIFICATION: This ad and are in pro- ion. SIATOR shall retain OF WASTE (Must t or type):	If any): LISTED (pe): LWO K STREET) GSTREET) GSTREET) GY 8 S.4 (C opplicable): waste will be delivered y 2 after delivery. ribed waste was delivered s is to certify that the oper condition for to Copy 4 of this manifiliate be filled in by dispose	Pick-up: SIGNATU ered to the hauler name above named materic ransportation according SIGNATU SIGNATU	named above. Tim Tim The OF HAULER of herein for dis als are properly to the application of the control of t	es: 5-/4-)9 OR AUTHORIZED A Classified, describe able regulations of OR OR AUTHORIZE and WASTE DESC	GENT AN med above of the De	DTITLE ged, market partment of
1. ASA 2. WAT 3	fications: NOT AULER (print or ty dress: SICG (NO.) Number: SI3 er's Permit No. (if a that the described v ER shall retain Cop that the above desc ERTIFICATION: This ad and are in pro- ion. If RATOR shall retain OF WASTE (Must t or type): sthat the hauler name	if any): LISTED (pe): LWD (STREET) GSTREET) GSTREET)	Pick-up: To the disposal facility SIGNATU SIGNATU SIGNATU SIGNATU SIGNATU	(CITY) Tim named above. RE OF HAULER d herein for dis g to the applic RE OF GENERATOR	es: 5-/4-)9 OR AUTHORIZED A classified, describe able regulations of OR OR AUTHORIZE and WASTE DESC	GENT AN med above of the De	D TITLE ged, market partment of

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location:

Disposal Date: __5 - 1 4 - 7 9

SIGNATURE OF DISPOSER DR AUTHORIZED AGENT AND TITLE

I.W.D. LIQUI	NAZIFI	NC.	10000		
CUSTOMER:	TYPE OF SERVICE	1 3√ .	OF LIQUID		
HON	BARRELS		* * * * * * * * * * * * * * * * * * * *	† ;	
ANDALIA. Ohio	LØ TANK		OLVENT	1	
TRUCK MO A DATE 5-14-79	DISPOSAL FACILITY	_	AUSTIC		
CONSIGNOR REPRESENTATIVE	L.W.D.		YANIDE]_	
11/26	☐ SYSTECH		THER	DISPOS	
I.W.D. (GOUID WASTE)	LANDFILL OTHER	Aches	bolo of	, AS	
DISPOSAL FACILITY REPRESENTATIVE:	- Olnek	REMARKS:	1	ੈ ਵ	and the second second
tare for	VOLUME	1.0 8.10	Ļ	Y	
TANKAGE TRANSFER:	BARRELS	048:5		9	
GALLONS:	GALLONS ACTO	1/40	1 7:		
TANK NO.:		1001 61	P551/160	1:	
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD.	I.W.D. LIQUIE		I.W.D. CHEA		OSAL
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, OH (513) 969-8346		DANVILLE, INDI (317) 745-2878		
		IFFCT			
HAZAKI I. GENERATOR OF WASTE (Must be filled in by proc	OOUS WASTE MAN	IFESI	•	\mathbf{A} 5	675
Name (print or type): Inland				<u></u>	
Pick up Address: Engle Rd.		Vandalia			
(NO.) (STREET)	200	(CITY)	Open		
Telephone Numbers:	P. O. or Co	ntract No	5 44 30		
ype of Industry (SIC No.) MFG		Outc.			
Designated Disposal/Recovery Facility: I.W.D. So	outh Landfill				
DESCRIPTION OF WASTE (Must be filled by produc					
Type of Waste: Asbestos and water					
(Indicate disposal facility code numbers)					
Bulk Volume:tonstons	cubic ya	rds	other(specif	y)	
Containerized Waste:drums	pa	liets		other	
Physical State (circle): solid liquid sludge	other(specify)	· · · · · · · ·			
Hazardous Properties (circle): none toxic	flammable w	ater-reactive	strong sensitizer	corrasi	ve or irrita
air-rea	active other (sp	ecify)			
pH (circle): less than 3 greater than 10					
Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil)			Concentrations Upper	: (% or ppm Lowe	
1. Asbestos					
2. Water			<u> </u>		
3					
4	.,.,.				
Special Handling Instructions (if any): none					
Not Classified					
Name of HAULER (print or type): I.W.D. Liqu					
isiness address: 3106 Snyder-Domer Rd.					
(NO.) (STREET)		(CITY)			200
Telephone Number:	Pick-up:			:	pm
Waste Hauler's Permit No. (if applicable):					
We certify that the described waste will be delivered t	to the disposal facility as	amed above.	1011	1	
The HAULER shall retain Copy 2 after delivery.	SIGNATURE	OF HAULER OF	A AUTHORIZED A	GENT AND T	ITLE
We certify that the above described waste was deliver		U			
SHIPPER'S CERTIFICATION: This is to certify that the and labelled and are in proper condition for tra					
Transportation.	4/1	7	of Ento		
DATE			A OR AUTHORIZE		
The GENERATOR shall retain Copy 4 of this manifes II. DISPOSER OF WASTE (Must be filled in by dispose)	-	JENERATOR a	nd WASTE DESC	RIPTION po	ortions.
Name (print or type):					
Site Address:					
We certify that the hauler named above delivered the	described waste to this	disposal facility.			
Permit No					
Treatment or Recovery Process (circle): Treatment		LF Area Othe			
If waste is to be held for disposal elsewhere, s		0			
<i>- 11 - 22</i>	pechy mianocation.	/ 1	7 '		
Disposal Date: 5-16-79		Jane-	R AUTHORIZED A	022	

CHEMTREC 1/800/424-9300

IITIDI EIKOI	TIMULL	
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
T ZANDO PE	BARRELS	AÇID
ryón.	TANK	SOLVENT
AUDAMA Ohio	OTHER	OIL OIL
TRUCK NO. TATOLOGY DATE 5-18-79.	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE	I.W.D.	CYANIDE
	SYSTECH	OTHER 2
LWD, LIQUID WASTE	LANDFILL	1/1/1/
Cherry Worden	U OTHER	REMARKS.
DISPOSAL FACILITY REPRESENTATIVE:		Ashista And water
Daily Davy	VOLUME	[/ル] バロス
TANKAGE TRANSFER	BARRELS	out 20c i
GALLONS:	GALLONS & COO	
TANK NO.:		
		The second secon
INDUSTRIAL WASTE DISPOSAL		D WASTE TO I W D CHEMICAL DISDOCAL
MAIN OFFICE: 3975 WAGONER FORD RD. DATTON, OHIO 45414 (513) 278-0821	3106 SNYDER-DO SPRINGFIELD, OF (513) 969-8346	OMER RD. 133 TWIN BRIDGES RD.
HAZARD	OUS WASTE MAN	IFEST B FOOT
I. GENERATOR OF WASTE (Must be filled in by prod	ucer)	A 5697
Name (print or type):		ohio 45377
Pick up Address:ENGLE ROAD	VANDALIA, C	
(NO.) (STREET)	P. O. or Co	(CITY) Blanket
der Placed By: Blanket Ordes	P. O. or Co	Date: 5 79
Type of Industry (SIC No.)		Date:
	SOUTH LANDFILL,	Kettering OH
DESCRIPTION OF WASTE (Must be filled by produc		
Type of Waste: asbestos & water		
(Indicate disposel facility code numbers)		
Bully Malumon 2000 cellars tons		rdsother(specify)
		iletsother
Physical State (circle): solid liquid sludge		3000
Hazardous Properties (circle): none toxic		rater-reactive strong sensitizer corrosive or irritant
		ecify)
pH (circle): less than 3 greater than 10		
Major Components:		Concentrations: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper Lower
1. <u>Astestos</u>		
2. W. F. F. K	· · · · · · · · · · · · · · · · · · ·	
3.		
4Special Handling Instructions (if any): <u>NoNE</u>		
Special Handling Instructions (if any): 10000		
DOT Classifications: non hazardous	no placardino r	equired
me of HAULER (print or type): I W D LIQU		
Jeiness address: 3106 Snyder Domer R		
(NO.) (STREET)		(CITY)
Telephone Number: 1 513 969 8346	Pick-up:	Times::pm
Waste Hauler's Permit No. (if applicable):		
We certify that the described waste will be delivered to	the disposal facility n	amed above.
The HAULER shall retain Copy 2 after delivery.	SIGNATURE	FOF WAULER OR AUTHORIZED AGENT AND TITLE
We cartify that the above described waste was delivere	Y	
		are properly classified, described, packaged, marked
		to the applicable regulations of the Department of
Transportation. 5-18-79 DATE	SIGNATURE	FOR GENERATOR OR AUTHORIZED AGENT AND TITLE
The GENERATOR shall retain Copy 4 of this manifes:		
II. DISPOSER OF WASTE (Must be filled in by disposer)	
Name (print or type):		
Site Address:		
We certify that the hauler named above delivered the o	described waste to this	disposal facility.
Permit No.	Volume mea	ssured at site (if applicable):

CHEMTREC 1/800/424-9300

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location?

Disposal Date: 5-18-79

SIGNATURE OF DISPOSER DR AUTHORIZED AGENT AND TITLE

USTOMER:								
730	15kx 71	Min .		TYPE OF SERVICE	100	PE OF LIQUID		
<u> </u>				BARRELS		_ACID		
1/1/2	24/4	Onio	. [5	OTHER		_SOLVENT		
UCK				ISPOSAL FACILITY	<u> </u>	_OIL		
O. C	REPRESENTATI	VE.		I.W.D.		_CAUSTIC		
19			∵% □	SYSTECH		_CYANIDE	PSI	
V.D. LIQUID	WASTE .		. 9	LANDFILL		_OTHER	ISPOSAI	
12	71	<i>X</i> × • •		OTHER	REMARKS:	<u> 155 190 4</u>	7-45 A	
SPOSAL FAC	ILITY REPRESEN	NTATIVE:			12.7	1 143 8 1 4	7	
NINGE TO	No No	u.		VOLUME	100	1		
ANKAGE TRA	ANOFEK:		BARI	RELS	ارت 'ا	17		
GALLONS:		·	GAL	LONS	- √ ,			
ANK NO.:								
		<u> </u>						
		WASTE DISPOS	AA	X I.W.D. LIQU		1 1	CHEMICAL I	DISPOSAL
WD)	MAIN OFFICE:	3975 WAGONER FO DAYTON, OHIO 454		3106 SNYDER-D SPRINGFIELD, C		DANVILLE,	BRIDGES RD. INDIANA 461	22
		(513) 278-0821		(513) 969-8346		(317) 745-	2878	
				S WASTE MAN	NIFEST		A	5748
GENERATO		(Must be filled in MANUFAC						
Name (print	or type):	e Road		andalia, Oh	io 45377			·
Pick up Addı	ress:(NO.)	(STREE			(CITY)			·
lephone N	lumbers: 227	8303		P. O. or Co	ontract No	Blanket o	order	
der Placed		nding order			Da	te: <u>5-22</u>	-79	
Type of Indu	ustry (SIC No.)	M-6.		·				
Designated D	Disposal/Recove	ery Facility:	WD SO	LID WASTE,	KETTERING	, ОН		
DESCRIPTION		(Must be filled by	producer)					
Type of Wast	te:	s/water						
(Indicate dispo	osal facility code r	numbers) ——						
Physical State	e (circle): soli	id (liquid)						
Hazarda D.			sludge ot	ner(specify)				
. rezeroous PI	roperties (circle		sludge oth	flammable v		strong sensi		rosive or ir
		none	toxic air-reactive	flammable v		strong sensi		rosive or is
pH (circle):	less than 3	none	toxic air-reactive	flammable v			····	
pH (circle): Major Compo	less than 3	none	toxic air-reactive	flammable v			tions: (% or p	
pH (circle): Major Compo (Ex: Hydroc	less than 3	none none greater that d, lime, crude oil)	toxic air-reactive an 10	flammable v	pecify)	Concentra Upper	tions: (% or p	ppm)
pH (circle): Major Compo (Ex: Hydroc	less than 3 onents: chloric acid, lea	greater that	toxic air-reactive an 10	flammable v	pecify)	Concentra Upper	tions: (% or p	ppm)
pH (circle): Major Compo (Ex: Hydroc 1. \(\frac{1}{2} \)	less than 3 conents: chloric agid, lea	none none greater that d, lime, crude oil)	toxic air-reactive an 10	flammable v	pecify)	Concentra Upper	tions: (% or p	ppm)
pH (circle): Major Compo (Ex: Hydroc 1. / S.6 2. / A.7 3	less than 3 onents: chloric agid, lea acs TOS	greater that	toxic air-reactive an 10	flammable v	pecify)	Concentra Upper	tions: (% or p	ppm)
pH (circle): Major Compo (Ex: Hydroc 1, // S/d 2. (a) A7 34	less than 3 onents: chloric agid, lea acs TOS	greater that	toxic air-reactive an 10	flammable v	pecify)	Concentra Upper	tions: (% or (ppm) _ower
pH (circle): Major Compo (Ex: Hydroc 1, // S/d 2. (a) A7 34	less than 3 onents: chloric agid, lea acs TOS	none none greater that d, lime, crude oil)	toxic air-reactive an 10	flammable v	pecify)	Concentra Upper	tions: (% or (ppm) _ower
pH (circle): Major Compo (Ex: Hydroc 1, // 3/2 2. (a) A7 3	less than 3 onents: chloric agid, lea 26570S	greater that	toxic air-reactive an 10	flammable v	pecify)	Concentra Upper	tions: (% or p	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1. / S/2 2. / A/7 3	less than 3 onents: chloric acid, lead of the second of th	none greater that d, lime, crude oil) is (if any): VO, on hazardous- r type): I W D I	toxic air-reactive an 10 WE	flammable other(s	pecify)	Concentra Upper	tions: (% or p	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1. // S/ 2. // A/ 3 4 Special Hand	less than 3 onents: chloric agid, lease than 3 onents: chloric agid, lease the second	none greater that d, lime, crude oil)	toxic air-reactive an 10 W.F. IQUID WA.	flammable other(s	g require	Concentra Upper	tions: (% or p	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric agid, lease than 3 onents: chloric agid, lease the second	none greater that d, lime, crude oil) greater that greater that lime, crude oil) greater that lime, crude oil) greater that lime, crude oil)	toxic air-reactive an 10 WC IQUID WA Road, S	other(s	g require Ohio 4	Concentra Upper	tions: (% or r	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1,	less than 3 onents: chloric agid, lease than 3 onents: chloric agid, lease the second	none greater that d, lime, crude oil) s (if any): VO on hazardous- type): I W D I Snyder Domer (STR 3 969 8346	toxic air-reactive an 10 W.C	other(s	g require Ohio 4 (CITY)	Concentra Upper	tions: (% or r	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1. / S/ 2. / A/ 3	less than 3 conents: chloric acid, lead of the second of t	none greater that d, lime, crude oil) ns (if any): \(\mu O_i \) n hazardous- r type): \(\mu \) W D I Snyder Domer (STR 3 969 8346	toxic air-reactive an 10 LOUID WA: Road, S	other(s placarding STE INC pringfield,	g require Ohio 4 (CITY)	Concentra Upper	tions: (% or r	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1. / S/2 2. / A/7 3	less than 3 conents: chloric acid, lead of the second of t	none greater that d, lime, crude oil) s (if any): VO on hazardous- type): I W D I Snyder Domer (STR 3 969 8346	toxic air-reactive an 10 LOUID WA: Road, S	other(s placarding STE INC pringfield,	g require Ohio 4 (CITY)	Concentra Upper	tions: (% or r	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1. // S/d 2. // A/J 3	less than 3 conents: chloric acid, lead the less than 3 conents that 3 conents the less than 3 conents the less than 3 conents that 3 conents the less than 3 conents that 3 conents	none greater that d, lime, crude oil) ns (if any): \(\mu O_i \) n hazardous- r type): \(\mu \) W D I Snyder Domer (STR 3 969 8346	toxic air-reactive an 10 WC IQUID WA Road, S EET) Pick-t	other (s other (s po placarding oplacarding oplacardi	g require Ohio 4 (CITY) Tir	Concentra Upper d 5502	tions: (% or r	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 conents: chloric agid, lea description lling Instruction cations: no ULER (print or 3106 (NO.) umber: 1 51 's Permit No. (i) nat the describer	none greater that d, lime, crude oil) ns (if any): VO, on hazardous- rtype): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del	toxic air-reactive an 10	other (s other (s po placarding oringfield,	g require Ohio 4 (CITY) Tir named above	Concentra Upper d TOR AUTHORIZE	tions: (% or i	opm) Lower
pH (circle): Major Compo (Ex: Hydroc 1. / S/ 2. / A/ 3	less than 3 onents: chloric acid, lead of the second of th	none greater that d, lime, crude oil) greater that end if any): \(\mu O_i \) greater that end if applicable): greater deliver escribed waste was this is to certify the	toxic air-reactive an 10 ACC ACC ACC ACC ACC ACC ACC ACC ACC A	other (s other (s other (s other (s other (s other (s) other (s) other (s) other (s) other (s) other (s)	g require Ohio 4 (CITY) Tir named above) A f hauler therein for di	Concentra Upper d 5502 nes: FOR AUTHORIZE sposal at the site y classified, desc	tions: (% or r	opm) _ower
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead onents: chloric acid, lead one chloric acid, lead one cations: no cations no catio	none greater that d, lime, crude oil) ns (if any): VO nn hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was	toxic air-reactive an 10 ACC ACC ACC ACC ACC ACC ACC ACC ACC A	other(s	g require Ohio 4 (CITY) Tir named above A f HAULEF I herein for di	Concentra Upper d 5502 nes: OR AUTHORIZE sposal at the site y classified, desc cable regulation	tions: (% or r	opm) Lower FD TITLE e. ggd, mark
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead of the second of th	none greater that d, lime, crude oil) ns (if any): VO nn hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was	toxic air-reactive an 10 ACC ACC ACC ACC ACC ACC ACC ACC ACC A	other(s	g require Ohio 4 (CITY) Tir named above A f HAULEF I herein for di	Concentra Upper d 5502 nes: OR AUTHORIZE sposal at the site y classified, desc cable regulation	tions: (% or r	opm) Lower FD TITLE e. ggd, mark
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead acid, lead are in one.	none greater that d, lime, crude oil) ns (if any): VO nn hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was	toxic air-reactive an 10 WC In 10 I QUID WA Road, S REET) Pick-t ivered to the y. delivered to not the above for transport	other (s oth	g require Ohio 4 (CITY) Tir marmed above) A fine proper to the application of the deposition of t	Concentra Upper d 5502 nes: FOR AUTHORIZE sposal at the site y classified, desc cable regulation Latell TOR OR AUTHO	tions: (% or i	opm) Lower ID TITLE e. ged, mark
pH (circle): Major Compo (Ex: Hydroc 1. / S/2 2. / A/7 3	less than 3 onents: chloric acid, lead of the struction cations:	none greater that d, lime, crude oil) ns (if any): VO, on hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was This is to certify the proper condition - 79	toxic air-reactive an 10 WC air-reactive an 10 WC air-reactive an 10 WC an 10 Figure	other (s oth	g require Ohio 4 (CITY) Tir marmed above) A fine proper to the application of the deposition of t	Concentra Upper d 5502 nes: FOR AUTHORIZE sposal at the site y classified, desc cable regulation Latell TOR OR AUTHO	tions: (% or i	opm) Lower ID TITLE e. ggd, mark
pH (circle): Major Compo (Ex: Hydroc 1. / S/2 2. / A/7 3	less than 3 onents: chloric acid, lead of the struction cations:	none greater that d, lime, crude oil) ns (if any): VO, nn hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was This is to certify the proper condition - 79 ain Copy 4 of this	toxic air-reactive an 10 ACC ACC ACC ACC ACC ACC ACC ACC ACC A	other (s other	g require Ohio 4 (CITY) Tir mamed above A filterein for di is are properl to the appli E OF GENERA GENERATO	Concentra Upper d 5502 nes: OR AUTHORIZE sposal at the site y classified, desc cable regulation UTOR OR AUTHO R and WASTE D	tions: (% or r	DDM) LOWER AD TITLE e. iged, mark epariment T AND TIT
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead acid, lead are in one.	none greater that d, lime, crude oil) greater that d, lime, crude oil) greater that d, lime, crude oil) greater that d d, lime, crude oil) greater that grea	toxic air-reactive an 10 ACC ACC ACC ACC ACC ACC ACC ACC ACC A	other (s other	g require Ohio 4 (CITY) Tir mamed above) Lef HAULEF I herein for di is are properl to the appli E OF GENERA GENERATO	Concentra Upper d 5502 nes: OR AUTHORIZE sposal at the site y classified, desc cable regulation UTOR OR AUTHO R and WASTE D	tions: (% or r	DPM) LOWER AD TITLE e. Iged, mark epartment T AND TIT
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pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead 265 / OS / O	none greater that d, lime, crude oil) ns (if any): VO nn hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was This is to certify the proper condition - 79 ain Copy 4 of this ust be filled in by the	toxic air-reactive an 10 Light Towns and the second to the second to the second to the second to the second towns and the second towns are the second town	other (s oth	g require Ohio 4 (CITY) Tir named above Left HAULEF I herein for di s are properl to the appli LEFT AGENERA GENERATO	Concentra Upper d 5502 nes: COR AUTHORIZE sposal at the seculation coals regulation COR AUTHORIZE sposal at WASTE D R and WASTE D	tions: (% or r	DDTITLE e. iged, mark epartment T AND TIT
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead of the second of th	none greater that d, lime, crude oil) is (if any): VO, on hazardous- rtype): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was This is to certify the proper condition - 79 ain Copy 4 of this ust be filled in by one	toxic air-reactive an 10 WC air-reactive an 10 WC air-reactive an 10 WC a	other (s oth	g require Ohio 4 (CITY) Tir named above A fill herein for di is are properl to the appli E OF GENERA GENERATO	Concentra Upper d 5502 nes: COR AUTHORIZE sposal at the site y classified, desc cable regulation ITOR OR AUTHO R and WASTE D	tions: (% or r	DDTITLE e. iged, mark epartment T AND TIT
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead acid,	none greater that d, lime, crude oil) ns (if any): VO nn hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was This is to certify the proper condition - 79 ain Copy 4 of this ust be filled in by a amed above deliver	toxic air-reactive an 10 WC air-reactive an 10 WC air-reactive an 10 WC air-reactive an 10 WC an 10 Figure 10 Figur	other (s oth	g require Ohio 4 (CITY) Tir mamed above A series properly to the appli A SEP HAULEF COF GENERA GENERATO disposal facil cassured at site BLF Area C	Concentra Upper d 5502 nes: COR AUTHORIZE sposal at the site y classified, desc cable regulation ITOR OR AUTHO R and WASTE D	tions: (% or r	opm) Lower JOTITLE e. siged, mark epartment T AND TIT
pH (circle): Major Compo (Ex: Hydroc 1.	less than 3 onents: chloric acid, lead 26.5.70 S Illing Instruction (20.5.70 S) Illing Instr	none greater that d, lime, crude oil) ns (if any): VO, on hazardous- r type): I W D I Snyder Domer (STR 3 969 8346 if applicable): d waste will be del opy 2 after deliver escribed waste was this is to certify the proper condition - 79 ain Copy 4 of this ust be filled in by one amed above deliver escribed: amed above deliver escribed: amed above deliver escribed: Treater Tr	toxic air-reactive an 10 I QUID WA: Road, Si EET) Pick-t ivered to the y. delivered to not the above for transport manifest afte disposer) red the descri	other (s oth	Ohio 4 (CITY) Tir marmed above) (CITY) Tir to the application of the a	Concentra Upper d 5502 nes:	tions: (% or r	DDM) LOWER HD TITLE e. rged, mark spartment T AND TIT. N portions

TANKAGE T ANSFER:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL SO OTHER VOLUME BARRELS GALLONS ZCCO	TYPE OF LIQUID TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE OTHER OTHER WHANT - 8 30 AP REMARKS: REMAR	DISSOSSIG
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	XXXXX W.D. LIQU 3106 SNYDER-I SPRINGFIELD. 0	DOMER RD. 133 TWIN	HEMICAL DISPOSAL BRIDGES RD. INDIANA 46122

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LIVAI	n).
Line	וש

10 to 10 to

GENERATOR OF WASTE (Must be filled in by produ			Α	2308
Name (print or type): INLAND MANUFACTURI				
Pick up Address: Engle Road	Englewood, Ohio			
(NO.) (STREET)	(CITY)			
lephone Numbers: 227 8303				
Order Placed By: Standing order		Daily		
Type of Industry (SIC No.)				
Designated Disposal/Recovery Facility: I W D	ERHANAKARRIAKKANAKA I	Cettering, Oh		
DESCRIPTION OF WASTE (Must be filled by produce	er)			
Type of Waste: asbestos/water (Indicate disposal facility code numbers)				
Bulk Volume: $2\omega \mathfrak{d}$ gallonstons _	cubic yards	other(specify	•)	
Containerized Waste:drums	pallets		other	
Physical State (circle): solid Liquid sludge	other(specify)			
Hazardous Properties (circle): none toxic	flammable water-reactive	_		
air-read oH (circle): less than 3 greater than 10	ctive other(specify)			-
Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil) (ASBESTOS DUST (DEMTER		Concentrations: Upper	Low	
3				
3 4				
3				
Special Handling Instructions (if any):				
Special Handling Instructions (if any): On Classifications: non hazardous	no placarding mequired			
3	no placarding mequired ID WASTE INC			
3	no placarding re quired ID WASTE INC , Springfield, Ohio 45502			
3	no placarding eequired D WASTE INC Springfield, Ohio 45502			
3	no placarding mequired ID WASTE INC Springfield, Ohio 45502 (CITY)			
3	no placarding mequired ID WASTE INC Springfield, Ohio 45502 (CITY) Time	s: 5-23- 79:		
3	no placarding mequired ID WASTE INC Springfield, Ohio 45502 (CITY) Time	s: 5-23- 79:		
3	no placarding mequired ID WASTE INC Springfield, Ohio 45502 (CITY) Time	s: 5-23- 79:	800) am
A. Special Handling Instructions (if any): DT Classifications: Name of HAULER (print or type): 3106 Snyder Domer Road, (NO.) (STREET) Felephone Number: 1 513 969 8346 P Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to	no placarding required D WASTE INC Springfield, Ohio 45502 (CITY) Pick-up:Time the disposal facility named above.	s: 5-23-79:	8cx ENT AND 1) am
non hazardous The composition of the proper condition of the HAULER shall retain Copy 3 after delivery.	Time Time	s: 5-23-79: THE AUTHORIZED AGO Consolat the site named Classified, described, ble regulations of	ENT AND T d above.) am pm
non hazardous Tolassifications: non hazardous Tolassifications: 1 W D LIQUI Business address: 3106 Snyder Domer Road, (NO.) (STREET) Telephone Number: 1 513 969 8346 P Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to The HAULER shall retain Copy 3 after delivery. We certify that the above described waste was delivered to SHIPPER'S CERTIFICATION: This is to certify that the all and labelled and are in proper condition for transformation.	Pick-up:	S: 5-23-79: OF AUTHORIZED AGO Cosal at the site named Classified, described, ble regulations of OF OF AUTHORIZED OF OF AUTHORIZED	ENT AND 7 d above. packaged the Depart	arn pro-
non hazardous Tolassifications: non hazardous Tolassifications: 1 W D LIQUI Business address: 3106 Snyder Domer Road, (NO.) (STREET) Telephone Number: 1 513 969 8346 P Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the HAULER shall retain Copy 3 after delivery. We certify that the above described waste was delivered to the HAULER shall retain Copy 3 after delivery. We certify that the above described waste was delivered to the HAULER shall retain Copy 3 after delivery. The HAULER shall retain Copy 3 after delivery. The HAULER shall retain Copy 3 after delivery. The Certify that the above described waste was delivered to the certify that the all and labelled and are in proper condition for transforms of the certify that the all and labelled and are in proper condition for transforms of the certification.	Pick-up:	S: 5-23-79: OF AUTHORIZED AGO Cosal at the site named Classified, described, ble regulations of OF OF AUTHORIZED OF OF AUTHORIZED	ENT AND 7 d above. packaged the Depart	arm production of the state of

We certify that the hauler named above delivered the described waste to this disposal facility.

Volume measured at site (if applicable): Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

. 11	100	FAC INC.		TYPE OF SERVICE		PE OF LIQUID		
7.50, 7.7	10 K	11.00	X	BARRELS		_ACID		
DAN	DALIA	Mio		TANK OTHER		_SOLVENT	\dashv	
RUCK /	772		70	DISPOSAL FACILITY	ㅓ片	_OIL _CAUSTIC		
NO.:	REPRESENTAT	DATE: 373	77-1	I.W.D.		CAUSTIC	7_	
				SYSTECH	नि	OTHER	Š	
W.D. LIQUID	WASTE:	10 11		LANDFILL	Ash	tosa UC	> ≥	
ISPOSAL FAL	CIVITY OFFRESE	NTATIVE	2	OTHER	REMARKS:	1/2-17	DISPOSAL COP	
	in X/	10	-	VOLUME	- Not	۱۲۰۱۱ د ۱۲۵ د ۱۲۸ در د د د ست	7 4 3	
ANKAGE TR	ANSFER:		-	BARRELS	TIME	115:49		
GALLONS:				GALLONS 2000	TIME	out 4:22		
TANK NO.:_					////	•	- 4	
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WD)	MAIN OFFICE	3975 WAGONER F DAYTON, OHIO 4		3106 SNYDER- SPRINGFIELD,	OHIO 45502	133 TWIN BR	IDIANA 46	122
\mathcal{O}_{\perp}		(513) 278-0821		(513) 969-8346		(317) 745-287	8	
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D. 110 DATE: 5-1-11	I.W.D.	19-	CAUSTIC	- 1	
NSIGNOR REPRESENTATIVE.	SYSTECH		CYANIDE		
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INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD	I.W.D. LIQU	ID WASTE	I.W.D. CHEA		OSAL
DAYTON, OHIO 45414	SPRINGFIELD, C (513) 969-8346		DANVILLE, INDI		
(513) 278-0821			(317) 745-2878		
HAZAF ENERATOR OF WASTE (Must be filled in by pr	RDOUS WASTE MAN	NIFEST		A 5	222
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	Vandalia, Oh	nio			
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ephone Numbers: 445 8166 Jerry Timms	P. O. or C	ontract No	n v # Wednesda		
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ontainerized Waste: drums nysical State (circle): solid azardous Properties (circle): none tox air- H (circle): less than 3 greater than 10 ajor Components: Ex: Hydrochloric acid, lead, lime, crude oil) DEST S OT Classifications: Not Chassifications: ne of HAULER (print or type): IWD LT asiness address: 31.06 Snyder Domer (NO.) (STREET) elephone Number: 1513 969 8346 leste Hauler's Permit No. (if applicable): le certify that the described waste will be delivered the HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delived the HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delived the HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delived the HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delived the labelled and are in proper condition for the transportation. BATE the GENERATOR shall retain Copy 4 of this maniful isposer of the print or type):	ge other(specify) ic flammable reactive other(specify) QUID WASTE INC Road, Spring Pick-up: If to the disposal facility scandfully ered to the hauler named e above named materia ransportation according SIGNATUF fest after completing the ser)	water-reactive specify) Coffield, (CITY) Time and above. A OF HAULER of herein for displayed properly to the appliance of	Concentrations Upper Dhio 45502 Des: OR AUTHORIZED A posal at the site name of classified, describe cable regulations of the color of	COTTOSI : (% or ppm Low GENT AND T sed above. d, packaged f the Depart D AGENT AI	am pm

Disposal Date: _____

CHEMTREC 1/800/424-9300

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	
INTAND ITTE	BANRELS	ACID	i
YON	TANK &	SOLVENT	9.94
MANDELIA, Ofice	OTHER	□o₁.	
IRUCK DATE: 3-9-77	DISPOSAL FACILITY	CAUSTIC	VIII. made
CONSIGNOR REPRESENTATIVE:	☐ I.W.D.	CYANIDE	
	SYSTÉCH		DIS
I.W.D. LIQUID WASTE:	LANDFILL	OTHER	<u>Z</u>
Ans I fell	OTHER	ASSES KS WATER	AL C
DEPOSALE ACTIVY REPRESENTATIVE:	5 3 3 E	Not (LASSIFIED	Q L
Tol Chuta	VOLUME	7000	
TANKAGE TRANSFER:	BARRELS	TILE IN Y.K	
GALLONS:	GALLONS ZOOD	TIKE W 4:12 TIME AT 1840	ģ.
TANK NO.:			
	a the community of the second of		71.72.44



CHEMTREC 1/800/424-9300

INDUSTRIAL WASTE DISPOSAL

MAIN OFFICE, 3975 WAGON DAYTON, OH (513) 278-082	10 45414	3106 SNYDER SPRINGFIELD, (513) 969-834	OHIO 45502	133 TWIN BRID DANVILLE, IND (317) 745-2878		
	HAZARDO	JS WASTE MA	ANIFEST		A	5244
GENERATOR OF WASTE (Must be fil	led in by produce	er}			_	J& 11
Name (print or type) INLAND MAN	UFACTURING					
Pick up Address: GLE ROAD		VANDALIA,		5377		
			(CITY)	540536		
·			Contract No. MV			
ler Placed By: JERRY TIMMS						
Type of Industry (SIC No.)						
Designated Disposal/Recovery Facility:		ANDFILL, D	ATTON, OHIO			
DESCRIPTION OF WASTE (Must be fill Type of Waste: asbestos and wa	led by producer) ter					
Type of Waste:(Indicate disposal facility code numbers)						
					_	
Bulk Volume:gallons	tons	cubic	yards	other(speci	fy)	
Containerized Waste:						
Physical State (circle): solid liqui	d sludge o	other(specify) _				
Hazardous Properties (circle): none	e toxic			strong sensitizer	+	sive or irritan
	air-reactiv	re other	(specify)			
pH (circle): less than 3 grea	ter than 10					
Major Components:				Concentrations		
(Ex: Hydrochloric acid, lead, lime, crud				Upper	Lov	wer
1.						
2						
3						
4						
Special Handling Instructions (if any):						
DOT Classifications: non hazard	one	no placard	ing required			
me of HAULER (print or type):						
(ness address: 3106 Snyder Do						
(No.)	(STREET)	obt.mg. re.u	(CITY)	G		
Telephone Number: 513 845 9178	Picl	c-up:	Times	:	.:	am pm
Waste Hauler's Permit No. (if applicable)	:					
We certify that the described waste will	be delivered to th	e disposal facilit	y named above. 🤻	. 1	2	
		\mathcal{A}_{ω}	me K.	la book it.	*ma	
The HAULER shall retain Copy 2 after of	Jenvery.	SIGNATI	HAULER O	R AUTHORIZED A	GENT AND	TITLE
We certify that the above described was						
SHIPPER'S CERTIFICATION: This is to cer and labelled and are in proper cond	tify that the abo lition for transp	ve named muler ortation accordin	ials are properly c ig to the applicat	lassified, describe ble regulations o	d, package f the Dep	a, marked artment of
Transportation. 3-9-79		47/	Wille	teller		
DATE		SIGNATI	JRE OF GENERATO	TOR AUTHORIZE	ED AGENT	AND TITLE
The GENERATOR shall retain Copy 4 of	of this manifest af	ter completing t	ne GENERATOR a	and WASTE DESC	CRIPTION	portions.
. DISPOSER OF WASTE (Must be filled	in by disposer)					
Name (print or type):						
te Address:						
We certify that the hauler named above	delivered the des	cribed waste to t	his disposal facility			
Permit No		Volume	measured at site (i	fapplicable):		
Treatment or Recovery Process (circle):	Treatment d	preading Area	SLF Area Oth	er (specify):		
If waste is to be held for disposa	al elsewhere, spec	ify final location	///			
Disposal Date:			nage	mala	<u> </u>	
		SIGNATI	IRE OF DISPOSER (OR AUTHORIZED	AGENT AND	ITLE

CUSTOMER. TYPE OF SERVICE TYPE OF LIQUID BARRELS ACID TANK SOLVENT OTHER OIL TRUCK NO.: CONSIGNOR REPRESENTATIVE: I.W.D. UGLAD WASTE: I.W.D. UGLAD WASTE: OTHER OTHER OTHER ACID CAUSTIC CAUSTIC CYANIDE SYSTECH LANDFILL OTHER OTHER
ATION: TANK SOLVENT OTHER OIL TRUCK OIL DATE: 3 9 79 LW.D. CONSIGNOR REPRESENTATIVE: SYSTECH LW.D. LIGHTO WASTE: LANDFILL OTHER OTHER OTHER
TRUCK O DATE: 3 - 9 - 79 DISPOSAL FACILITY CAUSTIC CONSIGNOR REPRESENTATIVE: LW.D. USUID WASTE: LW.D. USUID WASTE:
TRUCK DISPOSAL FACILITY CAUSTIC CAUSTIC LIW.D. CAUSTIC CYANIDE SYSTÈCH LIW.D. UGILID WASTE:
CONSIGNOR REPRESENTATIVE: SYSTECH CYANIDE CYANIDE
I.W.D. UKIND WASTE:
DISPOSAL FACILITY REPRESENTATIVE:
VOLUME TIME 1.V 11:13
TANKAGE PRANSFER: BARRELS GALLONS GA
GALLONS: GALLONS 2000 / 1ME CITY 2.20
TANK NO.:
INDUSTRIAL WASTE DISPOSAL XXXXXIV.W.D. LIQUID WASTE I.W.D. CHEMICAL DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 SPRINGFIELD, OHIO 45502 DANYILLE, INDIANA 46122
(513) 278-0821 (513) 969-8346 (317) 745-2878
HAZARDOUS WASTE MANIFEST A 5243
GENERATOR OF WASTE (Must be filled in by producer) INLAND MANUFACTURING
Name (print or type): Pick up Address: ENGLE ROAD VANDALIA, OHIO
(NO.) (STREET) (CITY)
Jephone Numbers: 445 8166 P. O. or Contract No. MV 549536
Order Placed By: Jerry Timms Date:
Type of Industry (SIC No.) Designated Disposal/Recovery Facility:IWD
DESCRIPTION OF WASTE (Must be filled by producer)
Type of Waste:asbestos/Water
(Indicate disposal facility code numbers)
Bulk Volume:gallonstonscubic yardsother(specify)
Containerized Waste: other other
Physical State (circle): solid liquid sludge other(specify) Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irrit
Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irrit
pH (circle): less than 3 greater than 10
Major Components: Concentrations: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower
2.
3.
4
Special Handling Instructions (if any):
'T Classifications: non hazardous - no placarding required
ame of HAULER (print or type): I W D LIQUID WASTE INC
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502
(NO.) (STREET) (CITY)
am am
Telephone Number: 1 845 9178 Pick-up: Times: :pm
Telephone Number: 1 845 9178 Pick-up: Times: pm Waste Hauler's Permit No. (if applicable):
Telephone Number: 1 845 9178 Pick-up: Times: pm Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility interest above.
Telephone Number: 1 845 9178 Pick-up:
Telephone Number: 1 845 9178 Pick-up: Times: pm Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility in the above. The HAULER shall retain Copy 2 after delivery. Signature of Hauler or Authorized Agent And Title We certify that the above described waste was delivered to the hauler named berein for disposal at the site named above.
Telephone Number: 1 845 9178 Pick-up:
Telephone Number: 1 845 9178 Pick-up: Times: pm Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility in the above. The HAULER shall retain Copy 2 after delivery. Signature of Hauler or authorized agent and Title We certify that the above described waste was delivered to the hauler named berein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
Telephone Number: 1 845 9178 Pick-up: Times: pm Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility in the above. The HAULER shall retain Copy 2 after delivery. SIGNAURE OF HAULER OR AUTHOFIZED AGENT AND TITLE We certify that the above described waste was delivered to the hauler named berein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. 3 - 9 - 79
Times:
Times:pm Waste Hauler's Permit No. (if applicable):
Times:
Telephone Number: 1 845 9178 Pick-up: Times: pm Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility in the above. The HAULER shall retain Copy 2 after delivery. Signature of Hauler or Authorized Agent and Title We certify that the above described waste was delivered to the hauler named berein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. 3 - 9 - 79 DATE SIGNATURE OF GENERATOR OF AUTHORIZED AGENT AND TITLE The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. DISPOSER OF WASTE (Must be filled in by disposer) Name (print or type): Site Address: We certify that the hauler named above delivered the described waste to this disposal facility.
Times:

. I. TY.D. LIQUIL	MASIE	I nu. 10004	_
customer: TWAVD	TYPE OF SERVICE BARRELS	TYPE OF LIQUID	
JANDALIA ONIO	TANK OTHER	SOLVENT	
TRUCK NO.: DATE: 3-1-79 CONSIGNOR REPRESENTATIVE:	DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL	CAUSTIC CYANIDE OTHER Shiften as the call	DISPOSAL
DISPOSAL FACILITY REPRESENTATIVE: LALIS NO.C. TANKAGE TRANSFER:	VOLUME	TIME 1110	СОРҮ
GALLONS:	GALLONS 7 707	TIME - 1130	

	(
	W	U)
V	4	ע
	<u> </u>	_

INDUSTRIAL WASTE DISPOSAL

XXXX 1.W.D. LIQUID WASTE

I.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD.
DANVILLE, INDIANA 46122

MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 SPRINGFIELD, OHIO 45502 (317) 745-2878 HAZARDOUS WASTE MANIFEST A 5245 I. GENERATOR OF WASTE (Must be filled in by producer) Name (print or type): __INLAND MANUFACTURING Engle Road. Vandalia, Ohio 45377 (NO.) phone Numbers: <u>445</u> 8166 Order Placed By: Jerry Timms Type of Industry (SIC No.) WD Designated Disposal/Recovery Facility: ____ DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste: Asbestos/water cate disposal facility code numbers) Bulk Volume: 2000 gailons Containerized Waste: Physical State (circle): solid liquid other(specify) Hazardous Properties (circle): flammable strong sensitizer air-reactive other (specify) less than 3 Major Components: Concentrations: (% or ppm) (Ex: Hydrochloric acid, lead, lime, crude oil) Special Handling Instructions (if any): ${\cal NONE}$ T Classifications: non hazardous no placarding required I W D LIQUID WASTE INC ne of HAULER (print or type):__ 3106 Snyder Domer Road, Springfield, Ohio 45502 (STREET) (NO.) Telephone Number: 513 845 9178 _ Pick-up: Waste Hauler's Permit No. (if applicable): _ We certify that the described waste will be delivered to the disposal facility MIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the hauler named herein for disposal as the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked labelled and are in proper condition for Transportation. SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE

We certify that the hauler named above delivered the described waste to this disposal facility. Volume measured at site (if applicable): Treatment or Recovery Process (circle): Treatment Spreading Area If waste is to be held for disposal elsewhere, specify final location: Disposal Date: ____

The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.

DISPOSER OF WASTE (Must be filled in by disposer)

ame (print or type): _

CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
	ARRELS	ACID
	TANK .	SOLVENT
A BADIA Ohio	OTHER	on
TRUCK A CO O DATE: 3-13-19	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	L I.W.D.	CYANIDE
	SYSTECH	ASDESTOTHER WETER
AW.D. LIQUID WASTE.	LANDFILL OTHER	NON-HARKEDOUS
DISPOSAL FACILITY REPRESENTATIVE:		REMARKS:
Lais Holl	VOLUME	TIMEN 327
CANKAGE TRANSFER:	BARRELS	
GALLONS:	GALLONS 2000	TIM-cut 400
TANK NO.:		



Site Address:

Disposal Date: _____

CHEMITDEC 1 900 424,9300

INDUSTRIAL WASTE DISPOSAL

MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821

3106 SNYDER-DOMER RD.

I.W.D. CHEMICAL DISPOSAL
133 TWIN BRIDGES RD.
DANYILLE, INDIANA 46122

3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346

HAZARDOUS WASTE MANIFEST A 5263 1. GENERATOR OF WASTE (Must be filled in by producer) Name (print or type): LINLAGE ROAD INLAND MANUFACTURING VANDALIA, OHIO 45377 (CITY) phone Numbers: 445 8166 Blanket Order P. O. or Contract No. . Order Placed By: Jerry Timms Type of Industry (SIC No.) __ Designated Disposal/Recovery Facility: I W D SOUTH LANDFILL, DAYTON, OHIO **DESCRIPTION OF WASTE (Must be filled by producer)** Type of Waste: <u>ASBESTOS</u>/ water (Indicate disposal facility code numbers) Bulk Volume: 2000 gallons. _cubic yards other(specify) paliets other Containerized Waste: _ Physical State (circle): solid liquid sludge other(specify) _ Hazardous Properties (circle): toxic flammable water-reactive strong sensitizer corrosive or irritant air-reactive other (specify)_ pH (circle): less than 3 greater than 10 Major Components: Concentrations: (% or ppm) (Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower 1. asbestos 2. water Special Handling Instructions (if any):___ OT Classifications: NON HAZARDOUS-----No placarding required ne of HAULER (print or type): I W D LIQUID WASTE INC Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502 (STREET) (NO.) Telephone Number: 1 845 9178 ___ Pick-up: __ Waste Hauler's Permit No. (if applicable): ____ -We certify that the described waste will be delivered to the disposal facility named above SIGNATURE OF HAULEB OR AUTHORIZED AGENT AND TITLE The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable) regula Transportation. 3-13-79 SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. II. DISPOSER OF WASTE (Must be filled in by disposer) lame (print or type): _

_ Volume measured at site (if applicable): _

SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

We certify that the hauler named above delivered the described waste to this disposal facility.

If waste is to be held for disposal elsewhere, specify final location:

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

I.W.D. LIQUIL	MA21FI	NU.	10001	_
TRUCK NO.: DATE: 14-79 CONSIGNOR REPRESENTATIVE: DISPOSALEACILITY REPRESENTATIVE: TANKAGE TRANSFER: GALLONS: TANK NO.:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY LW.D. SYSTECH LANDFILL OTHER VOLUME BARRELS GALLONS 2000	TYPE O	FLIQUID CID DILYENT L JUSTIC ANIDE	DISPOSAL COPY



WD _	IRIAL WASTE I MAIN OFFICE: 3975 WAGO DAYTON, O (513) 278-08	NER FORD RD. HIO 45414	3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346	I.W.D. CHEMIC. 133 TWIN BRIDGES DANVILLE, INDIANA (317) 745-2878	RD.
			OUS WASTE MANIFEST	A	5283
	R OF WASTE (Must be f	illed in by produc NUFACTURING			
Name (print	FNOTE POAD		VANDALIA, Ohio 4537	7	
Pick up Addr	'ess:	(STREET)	(CITY)		
ephone Ni	umbers: 445 8303		P. O. or Contract No	Blanket	
Jer Placed	By: Jerry Timms		Da	te:	
	stry (SIC No.)				
Designated D	isposal/Recovery Facility:	IND SOUTH	LANDFILL, DAYTON, OH	[0	
	ON OF WASTE (Must be f				
	e: asbestos & WAT	ER			
(Indicate dispo	sal facility code numbers)				
Bulk Volume	2000 nallone	tons	cubic yards	other(specific)	
Containerized			cubic yards		
	e (circle): solid (liqu	~	other(specify)		_ 30101
•	operties (circle):	≺	flammable water-reactive		corrosive or irritant
nazarupus ri	operties (circle).	air-react		strong sensitizer	
pH (circle):	less than 3 grea	ater than 10			
· /					Lower
3					
4					
Special Handl	ling Instructions (if any):_	NONE			
			Placarding required		
ne of HAL	JLER (print or type):	I W D LIQU	UID WASTE, INC		
usiness addr			Springfield, Ohio	45502	
Telephone Nu	(NO.) umber! 969 8346	(STREET) Pic	(CITY) :k-up:Tir	nes:::	am pm
	's Permit No. (if applicable	·):			
			he disposal facility named above.		
	N. I II	A.P	Sen L.	Southern	
The HAULER	R shall retain Copy 2 after	delivery.	SIGNATURE OF HAULER	OR AUTHORIZED AGEN	T AND TITLE
We certify the	at the above described was	te was delivered	to the hauler named heren for di	sposal at the site named a	bove.
			ove named materials are properly		
Transportation		umon for fransp	portation according to the appli	caste regulations of the	· pabatiment Ot
DATE	7/7 //		SIGNATURE OF GENERA	TOR OR AUTHORIZED A	GENT AND TITLE
	ATUR sháll retáin Copy 4	of this manifest	after completing the GENERATC		
	F WASTE (Must be filled				
			escribed waste to this disposal faci	lity.	
			Volume measured at site	•	
				e (if applicable): Other (specify):	
reatment or	Recovery Process (circle)	. rreatment	Spreading Area OLF Area	outer (specity):	
	and the second second				
	aste is to be held for dispon		city final location:	Hall	

		10001
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
Las world	BARRELS	ACID
TON:	TANK "	SOLVENT
ANDRUA, Ohio	OTHER	Oou
TRUCK DATE: 5-15-17	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	L.W.D.	CYANIDE
Marinas	SYSTECH	OTHER
I.W.D. MOVID WASTE	LANDFILL	
Ami LI Soul Som	OTHER	REMARKS
DISPOSAL EACHLY REPRESENTATIVE:		New Horackery
Dois Wall	VOLUME	TIME 11/2:30
TANKAGE TRANSFER:	BARRELS	11 115160
GALLONS:	GALLONS 2000	
TANK NO.:		

(IWD)

INDUSTRIAL WASTE DISPOSAL MAIN OFFICE; 3975 WAGONER FORD RD.

XXXXXI.W.D. LIQUID WASTE
3106 SNYDER-DOMER RD.

1.W.D. CHEMICAL DISPOSAL

(WD)	DAYTON, OHIO 454 (513) 278-0821	14	SPRINGFIELD, (513) 969-834	OHIO 45502 16	DANVILLE, INDIA (317) 745-2878	NA 46122
	НА	ZARDOUS	WASTE MA	ANIFEST		A 5292
	WASTE (Must be filled in				•	2 . 0.00
	e): INLAND MANUFACT					
Pick up Address: E	NGLE ROAD,		A, OHIO			
	(NO.) (STREE			(CITY)	lanket	
lephone Number	s: <u>445 8303</u>		P. O. or	Contract No		Q
er Placed By:	Jerry Timms			Date	: <u>3-13-7</u>	
ype of Industry (S	SIC No.)					
Designated Disposa	I/Recovery Facility: I 🕢	D SOUTH I	ANDFILL	DAYTON, OHI	0	
	WASTE (Must be filled by	producer)				
	bestos and water					
(Indicate disposal faci	ity code numbers)					
						
Bulk Volume: 20	200 gallons	tons	cubic	vards	other(specify	.)
Containerized Wast						
				,		
Physical State (circl	\rightarrow				strong sensitizer	
Hazardous Properti	es (circle): none	_	flammable		•	
			other	(specity)		
F7. (0 0)	ess than 3 greater tha	n 10				
Major Components:	: acid, l∉ad, lime, crude oil)				Concentrations: Upper	(% or ppm) Lower
A. A. A.					• •	20001
1. 21325	- 10					
2 <i></i>	<u> </u>	,				
3						
4						
	structions (if any):	no	placardi			
me of HAULER	(print or type):	LIQUID W				
iness address:	3106 Snyder Domer	Road, S	pringfield	d, Ohio 459	502	
		EET)		(CITY)		am
Telephone Number:	1 845 9178	Pick-u	p:	Time	rs::	pm
Waste Hauler's Perm	nit No. (if applicable):					
We certify that the	described waste will be deli	vered to the o	disposal facilit	named above.	. 1 11	
The HAULER shall	retain Copy 2 after delivery	v .	K.	em L	h book ho	· ·
			SIGNATI		OR AUTHORIZES AG	
•	above described waste was					
and labelled and	ATION: This is to certify the are in proper condition					
Transportation.	-15-79		do	Wind	tiller	ر.
DATE			#IGNATI	JRE OF GENERAT	OR OR AUTHORIZED	AGENT AND TITLE
The GENERATOR	shall retain Copy 4 of this r	manifest after	completing th	ne GENERATOR	and WASTE DESCR	IIPTION portions.
SPOSER OF WAS	STE (Must be filled in by a	fisposer)				
Name (print or type	e):					
Site Address:						
We certify that the	hauler named above deliver	ed the describ	bed waste to t	nis disposal facilit	y.	
,					if applicable):	
	very Process (circle): Trea			SLF Area Oth		
	to be held for disposal elsew				(3500). 77.	
			mai iocation	1.	x/101	
Disposal Date:		-	SIGNATU	IRE OF DISPOSER	OR AUTHORIZED AC	ENT AND TITLE
CHEMITREC 1 R	nn 494-9300			*=		

CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
Indiano, 1115	BARRELS	ACID
TVON:	TANK	SOLVENT
MORE 4 Office for	OTHER	□ou
NO. DATE 3-15-79	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR BEFRESENTATIVE	L I.W.D.	CYANIDE
Marina	SYSTECH	OTHER S
I.W.D/LISTUID WASTE:	LANDFILL	A 1 / 1 \sum_{\overline{\infty}}
May & I knowled	OTHER	PISTOS CUATER
DISPOSAL FACILITY REPRESENTATIVE:		NON-HAZARDOUS
Low Nall	VOLUME .	TIM: IN 12:59
TANKAGE TRANSFER:	BARRELS	11 130
GALLONS:	GALLONS COO	
TANK NO.:		

/		
(W	D)
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(513) 278-0821

INDUSTRIAL WASTE DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD.
DAYTON, OHIO 45414

MASTE DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD.
DAYTON, OHIO 45414

SPRINGFIELD, OHIO 45502 (513) 969-8346

I.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122 (317) 745-2878

HAZARDOUS WASTE MANIFEST A 5293 I. GENERATOR OF WASTE (Must be filled in by producer) Name (print or type): INLAND MANUFACTURING Engle Road Vandalia, Ohio 45377 Pick up Address: __ (NO.) (STREET) (CITY) Telephone Numbers: 445 8303 P. O. or Contract No. Blanket Order der Placed By: Jerry Timms _____ Date: _ e of Industry (SIC No.) MFG. Designated Disposal/Recovery Facility: <u>IWD SOUTH LANDFILL</u> DAYTON, CHIO DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste: _____ asbestos and water (Indicate disposal facility code numbers) Bulk Volume 2 3000 gallons_ cubic yards Containerized Waste: _ Physical State (circle): solid (liquid) sludge other(specify) _ corrosive or irritant Hazardous Properties (circle): toxic flammable water-reactive strong sensitizer other (specify)_ air-reactive pH (circle): less than 3 Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil) Upper Lower 1. Aspestus 2 WATER Special Handling Instructions (if any): NONE DOT Classifications: non hazardous ----no placarding required Name of HAULER (print or type): I W D LIQUID WASTE INC siness address: 3106 Snyder Domer Road, Springfield, Ohio 45502 (NO.) (STREET) elephone Number: 1 845 9178 Waste Hauler's Permit No. (if applicable): ____ We certify that the described waste will be delivered to the disposal facility named above. SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the haufer named herein for disposal at the site named above. SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. DISPOSER OF WASTE (Must be filled in by disposer) ame (print or type): _ We certify that the hauler named above delivered the described waste to this disposal facility. Volume measured at site (if applicable): Treatment or Recovery Process (circle): Treatment (Spreading Area) SLF Area Other (specify): If waste is to be held for disposal elsewhere, specify final location: SIGNATURE OF DISPOSER OR AUTHORIZED AGENT AND TITLE

Disposal Date: _____ CHEMTREC 1/800/424-9300

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TANK NO.:			
INDUSTRIAL WASTE DISPOSAL	I.W.D. LIQUI		I.W.D. CHEMIC

INDUSTRIAL WASTE DISPOSAL MAN OFFICE 2975 WAGONER FORE RE DATION, CHIEF STREET GALLONS INDUSTRIAL WASTE DISPOSAL MAN OFFICE 2975 WAGONER FORE RE DATION, CHIEF STREET DATE OF WASTE (Must be filled in by producer) HAZARDOUS WASTE MANIFEST GENERATOR OF WASTE (Must be filled in by producer) Name (print or type): INDIAND MAIUTEAUTHOR Pick up Address: NO.1 GTREET Sphore Numbers: 2415, 8393 P. O. or Contract No. ELAIKET Type of Industry (SIC No.) Designated Disposal/Recovery Facility: LED SOUTH LAIDETLL DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste (State (circle): solid (Rould) Bulk Volume: 2000 gallons tons cubic varids other (specify) Hazardous Properties (circle): solid (Rould) Hazardous Properties (circle): solid (Rould) Hazardous Properties (circle): solid (Rould) Major Components: [Ex. Hydrochloric soid, lead, lime, crude oil) Agine Components: [Ex. Hydrochloric soid, lead, lime, crude oil) Waster Agines: 31.06 Structor Donner Boad, Springfield, Chica 45502 Mater 3 Mater 1 May Description of the policipable): Structs of the hauler named above. The HAULER shall retain Copy 2 after delivery. We certify that the above discribed waste was delivered to the disposal facility pamed above. The HAULER shall retain Copy 2 after delivery. We certify that the described waste was delivered to the hauler named above. The HAULER shall retain Copy 2 after delivery. Spik Type Components: GENERATOR shall retain Copy 4 of this manifest after compiling the GENERATOR OR AUTHORIZED ACTION of Contractions of Transportation of transportation of Cordinal Spike Pagnetions of Transportation of Tran	1
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGGINER FORD AD DATION, ONG ASIA (STEWARD PROPERTY) HAZARDOUS WASTE MANIFEST GENERATOR OF WASTE (Must be filled in by producer) Fick up Address: Engle Road (No.1) Fick up Address: Engle Road (No.1) Fick up Address: Engle Road (No.1) Fick up Address: Engle Road (STARET) (CITY) Sphone Number: 445 8303 P. O. or Contract No. BLANKET Type of Industry (SIC No.1) Designated Disposal/Recovery Facility: Lid Date: Type of Maste: ASBESTOS & MATER (Induse disposal facility code numbers) Bulk Volume: ZOCO gallons tons cubic yards other (specify) Hazardous Properties (circle): Solid Hazardous Properties (circle): Major Components: [Ex: Hydrochloric acid, lead, lime, crude oil) Major Components: [Ex: Hydrochloric acid, lead, lime, crude oil) Waste: ASBESTOS Water 3. 4. Special Handling Instructions (if any): OT Classifications: not inseardous For City that the described waste will be delivered to the disposal facility gamed above. The HAULER (print or type): We certify that the described waste will be delivered to the disposal facility gamed above. The HAULER (print or type): We certify that the above described waste will be delivered to the disposal facility gamed above. The HAULER Haul retain Copy 2 after delivery. We certify that the above described waste will be delivered to the disposal facility gamed above. The HAULER Haul retain Copy 2 after delivery. We certify that the above described waste will be delivered to the hauler named herein for disposal at the site name and leave in graph classified, described on leabled and or a in proper condition for transported on according to the supplicable on proper condition for transported on according to the supplicable on proper condition for transported on according to the supplicable of supplicable on proper condition for transported on according to the supplicable on a condition of type): SIGNA Upper Condition of type): SIGNA Upper Condition of type): SIGNA Upper Condition of type	3
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HAZARDOUS WASTE MANIFEST GENERATOR OF WASTE (Must be filled in by producer) Name (print or type): INLAND MANUFACTURING Pick up Address: Dagle Road Vandalia, Ohio 45377 (ICITY) sphone Numbers: 445 8303 P. O. or Contract No. ELANKET Jahre Flaed By: Jetty Times Date: Type of Industry (SIC No.) Designated Disposal/Recovery Facility: Lift SOUTH LANDFILL DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste: ASBESTOS & WATER Indicate disposal recitivy code numbers) Bulk Volume: ZOCO gallons tons cubic yards other (specify) Hazardous Properties (circle): solid (aguid studge other (specify) Hazardous Properties (circle): solid (aguid studge other (specify) pH (circle): less than 3 greater than 10 Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil) asbestos Aster 3 A. Special Handling Instructions (if any): The Lift Land Master Indicates address: 3106 Snyder Dorser Road, Spring Field, Ohio 45502 (NO.) (STREET) Telephone Number 345 9278 Pick-up: Times: Times: The HAULER (print or type): I is D Lift Lift Master Indicates address: 3106 Snyder Dorser Road, Spring Field, Ohio 45502 Water Hauler's Permit No. (if applicable): Signal update from a Unforticated Asserting that the above described waste was delivered to the disposal facility gamed above. The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the disposal facility gamed above. The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the disposal facility gamed above. The HAULER shall retain Copy 2 after delivery. SIGNATUSE OF GENERATOR and WASTE DESCRIBEDATOR and WASTE DESCRIBEDATOR and WASTE DESCRIBEDATOR and WASTE DESCRIBEDATOR. SIGNATUSE OF GENERATOR and WASTE DESCRIBEDATOR. SIGNATUSE OF GENERATOR and WASTE DESCRIBEDATOR.	
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Pick up Address: No. STREET (CITY) sphone Numbers: Wit 5 8303 P.O. or Contract No. BLANKET Jerry Times Date: Type of Industry (SIC No.) Designated Disposal/Recovery Facility: T./D SOUTH LANDFILL DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste: ASBESTOS & WATER (Indicate disposal facility code numbers) Bulk Volume: ASBESTOS & WATER (Indicate disposal facility code numbers) Bulk Volume: ASBESTOS & WATER (Indicate disposal facility code numbers) Bulk Volume: COO gallons tons cubic yards other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer air-reactive other(specify) Hazardous Properties (circle): done toxic flammable water-reactive strong sensitizer done flammable toxic flammable flammab	
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Under Placed By: Jerry Times Date: Type of Industry (SIC No.) Designated Disposal/Recovery Facility: ID SOUTH LANDFILL DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste: ASBESTOS & MATER (Indicate disposal facility code numbers) Bulk Volume: 2020 gallons tons cubic yards other(specify) Containerized Waste: drums pallets Physical State (circle): solid liquid sludge other(specify) Hazardous Properties (circle): solid liquid sludge other(specify) Hazardous Properties (circle): solid liquid sludge other(specify) pH (circle): less than 3 greater than 10 Major Components: [Ex: Hydrochloric acid, lead, lime, crude oil) Upper 1 asbestos 2 water 3. 4. Special Handling Instructions (if any): IN D LIQUID WASTE INC. Business address: 3106 Snyder Doner Road, Springfield, Ohio 45502 (NO.) (STREET) Telephone Number: 345 9178 Pick-up: Times: Times: Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility pamed above. The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the hauler named herein for disposal at the site name SMIPPER'S CERTIFICATION: This is to certify that the obove named materials of propey classified, described and leballed and are in groper condition for transportation according for the applicable regulations of Transportation. 3 169 9 DATE SIGNA Upe OF GENERATOR R and WASTE DESCR. JISPOSER OF WASTE (Must be filled in by disposer) Name (print or type): Site Address:	
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2	: (% or ppm) Lower
3	
Special Handling Instructions (if any): OT Classifications: non hazardous ————————————————————————————————————	
Telephone Number! We certify that the described waste will be delivered to the disposal facility named above. The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the hauler named herein for disposal at the site names SHIPPER'S CERTIFICATION: This is to certify that the obove named materials are properly classified, described and labelled and are in proper condition for transportation according to the auglicable regulations of Transportation. DATE SIGNATURE OF GENERATOR and WASTE DESCRIPPOSER OF WASTE (Must be filled in by disposer) Name (print or type): Site Address:	
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Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502 (NO.) (STREET) (CITY) Telephone Number: 845 9178 Pick-up:	
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We certify that the described waste will be delivered to the disposal facility named above. The HAULER shall retain Copy 2 after delivery. Signature of fauter of authorized and waste was delivered to the hauler named herein for disposal at the site name SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described and labelled and are in proper condition for transportation according to the artificiable regulations of Transportation. DATE SIGNATURE OF GENERATOR OR AUTHORIZED AG SIGNATURE OF GENERATOR and WASTE DESCRIBED AG SIGNATURE OF GENERATOR AUTHORIZED AG SIGNATURE OF GENERATOR OF A	:pm
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We certify that the above described waste was delivered to the hauler named herein for disposal at the site name SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described and labelled and are in proper condition for transportation according to the applicable regulations of Transportation. DATE SIGNATUPE OF GENERATOR OR AUTHORIZED THE GENERATOR and WASTE DESCRIPPOSER OF WASTE (Must be filled in by disposer) Name (print or type): Site Address:	11
We certify that the above described waste was delivered to the hauler named herein for disposal at the site name SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described and labelled and are in proper condition for transportation according to the applicable regulations of Transportation. DATE SIGNATUDE OF GENERATOR OR AUTHORIZED THE GENERATOR and WASTE DESCRIPPOSER OF WASTE (Must be filled in by disposer) Name (print or type): Site Address:	ENT AND TITLE
ne GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCR DISPOSER OF WASTE (Must be filled in by disposer) Name (print or type): Site Address:	ed above. I, packaged, marked
DISPOSER OF WASTE (Must be filled in by disposer) Name (print or type): Site Address:	D AGENT AND TITLE
Name (print or type): Site Address:	RIPTION portions.
Site Address:	
We certify that the hauler named above delivered the described waste to this disposal facility.	
Permit No	
Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):	

	WASTE	1101	<u> 15033 </u>	
USTOMER.	TYPE OF SERVICE BARRELS	TYPE OF LI	QUID	
ION.				
Maria O	E-FANK	SOLVI	ENT	appropriate to the second
RUCK CONTRACTOR OF THE PROPERTY OF THE PROPERT	DISPOSAL FACILITY	oı		Contraction of the Contraction o
10. 6/6 DATE: 3-19-39	I.W.D.	CAUS	TIC	and the second
ONSIGNOR REPRESENTATIVE:	SYSTECH	CYAN	IDE	9
Marias		OTHE	R	DISPOSAL COPY
W.D/YEROID WASTER	TANDFILL	INPLANT_	8.10A	SA A
Krac	☐ OTHER	REMARKS:	TI TON	8
SPOSAL FACILITY REPRESENTATIVE:		ASBESTOS	1H20	₹ ;
Lois Hall	VOLUME	DOT HAZ	CLASS!	r F
ANKAGE TRANSFER:	BARRELS	1710-11	CFC.17	, in the second
GALLONS:	GALLONS 2000	(COCK	[LOSK	
'ANK NO.:				
and the state of t	tourist In Vision States (1)		Z (Sint of one was)
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD.	I.W.D. LIQUI		I. W.D. CHEMI 133 TWIN BRIDGI	CAL DISPOSAL
DAYTON, OHIO 45414	SPRINGFIELD, O	HIO 45502	DANVILLE, INDIA	
(513) 27B-0821	(513) 969-8346		317) 745-2878	
HAZARI	OOUS WASTE MAN	IIFEST	1	A 5290
GENERATOR OF WASTE (Must be filled in by prox INLAND MANUFACTURI	ducer) NG		_	- 0.000
Name (print or type):		0. 1		
Pick up Address:ENGLE ROAD	Vandalia	, Chio 45377		
(NO.) (STREET)		(CITY)	ፐፖርኮጥ	
apriorie Mulmoers.	P. O. or Co			17 000
er Placed By: Jerry Timms		Date: <u>5</u> /	/ WHE	1,17/1
Type of Industry (SIC No.)	OUGHL TAMPETT!	DAYTON,	CHIO	
Designated Disposal/Recovery Facility:I N D S	COIH DAMDFILL	DATION,	01120	
DESCRIPTION OF WASTE (Must be filled by product asbestos & water	cer)			
Type of Waste:				
(Indicate disposal facility code numbers)				_
				_
Bulk Volume: 2000 gallons tons				
	cubic ya			
	pa			
Containerized Waste:drums	other(specify)	vater-reactive stro	ong sensitizer	other
Containerized Waste:drums	other(specify)	ıllets	ong sensitizer	other
Containerized Waste:drums	other(specify)	vater-reactive stro	ong sensitizer	other
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Containerized Waste: Physical State (circle): solid liquid sludge Hazardous Properties (circle): none toxic air-rea pH (circle): less than 3 greater than 10 Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil) 1. ACESTOS DYSS 2. WATER 3	other(specify) flammable v active other(sp -no placarding ID WASTE INC d, Springfield, Pick-up: o the disposal facility of the disposal facility of the hauler named above named materials as a factor of the	required Ohio 45502 (CITY) Tames: 3 Agreed above E OF HAULER OR AU herein for disposal as a gre-properly classiff to the applicable reference applicable of GENERATOR and W	THORIZED AGE to the site named in described, egulations of AUTHORIZED ASTE DESCR	corrosive or irri (% or ppm) Lower ENT AND TITLE d above. packaged, markethe Department of
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I.W.D. LIQUI	N MASIE	INU. 10033	
USTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	Å1
What Market	BARRELS	ACID	(
TION	- TANK	SOLVENT	
MINION CONTRACTOR	OTHER	On	
RUCK NO. DATE	DISPOSAL FACILITY	CAUSTIC	
ONSIGNOR REPRESENTATIVE	I I.W.D.	CYANIDE	
X THUR DECITAL OF	SYSTECH	OTHER Z	į.
W.D. LIQUID WASTE:	LANDFILL So	OTHER SUSB SA	
116.2	OTHER	REMARKS:	<u>.</u>
DISPOSAL FACILITY REPRESENTATIVE:		ASSESTUS CHOU	1
Haya Dyamore	VOLUME	DOT HAZ CUISE	,
TANKAGE TRANSFER:	BARRELS	INCT LISTED	•
GALLONS:	GALLONS ZLCO	MCI MOREU	•
TANK NO.:			
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	SPRINGFIELD, C	OMER RD. 133 TWIN BRIDGES HIO 45502 DANVILLE, INDIANA	RD.
(513) 278-0821	(513) 969-8346	(317) 745-2878	
· · · · · · · · · · · · · · · · · · ·	DOUS WASTE MAN	IIFEST A	5291
GENERATOR OF WASTE (Must be filled in by pro INLAND MANUFACTURING			
Final e Road	Vandalia, Ohio	45377	A444
Pick up Address: (NO.) (STREET)	, diameter of the control of the con	(CITY)	
lephone Numbers: 445 8303	P. O. or C	ontract No. BLANKET	
der Placed By: Jerry Timms		Date: 54Nday M	AR 19, 1979
Type of Industry (SIC No.) MFG Co.			
Designated Disposal/Recovery Facility: I W D SC	OUTH LANDFILL, D	AYTON, OHIO	
DESCRIPTION OF WASTE (Must be filled by produ			
Type of Waste: asbestos & Water			
(Indicate disposal facility code numbers)			
Bulk Volume: 2000 gallons tons Containerized Waste: drums	cubic y		_ other
Physical State (circle): solid liquid sludg	e other(specify)		
Hazardous Properties (circle):		vater-reactive strong sensitizer pecify)	
pH (circle): less than 3 greater than 10			
Major Components:		Concentrations: (%	or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper	Lower
1asbestos			
2. <u>water</u>			
3			
4			
Special Handling Instructions (if any):			
DOT Classifications: non hazardous			
ne of HAULER (print or type): I W D LIQUI			
usiness address: 3106 Sayder Domer Road (NO.) (STREET)		(CITY)	
Telephone Number: 1 969 8346	_ Pick-up:	Times: MAK 19,1970	7pm
Waste Hauler's Permit No. (if applicable):		,	
We certify that the described waste will be delivered			
		Va. HALVIE	
The HAULER shall retain Copy 2 after delivery.	SIGNATION	E OF HAULER OR AUTHORIZED AGEN	T AND TITLE
We certify that the above described waste was delive SHIPPER'S CERTIFICATION: This is to certify that the and labelled and are in proper condition for transportation.	above named material ansportation according	s are properly classified, described, po to the applicable regulations of the	ackaged, marked Department o
1 3-19-79	Xc	E OF GENERATOR OR AUTHORIZED A	م ۔
DATE he GENERATOR shall retain Copy 4 of this manife	51GNATUR	E OF GENERATOR and WASTE DESCRIP	SENT AND TITU!
(SPOSER OF WASTE (Must be filled in by dispose	, -	OFFICE WITH SUR MASTE DESCRIP	TON PORTIONS.
Name (print or type):			
Name (print or type):			
We certify that the hauler named above delivered the			
r similitity,	volume me	asured at site (if applicable):	

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location:

- hittibi Eligote	TIMULL	10000
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
Maria A Chia	TANK OTHER	SOLVENTOIL
TRUCKS NO.2 CONSIGNOR DEPTESSENTATIVE	DISPOSAL FACILITY I.W.D. SYSTECH	CAUSTIC CYANIDE CYANIDE COTHER
DISPOSAL FACILITY REPRESENTATIVE:	LANDFILL OTHER	MEMARIS 11/1 - FILL OF
TANKAGE TRANSFER:	VOLUME BARRELS	Tins 1200
GALLONS: TANK NO.:	GALLONS ZOCO	

|--|

Disposal Date:

INDUSTRIAL WASTE DISPOSAL

MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821

I.W.D. LIQUID WASTE

I.W.D. CHEMICAL DISPOSAL

3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122 (317) 745-2878 **HAZARDOUS WASTE MANIFEST** A 5315 I. GENERATOR OF WASTE (Must be filled in by producer) Name (print or type): _-ANBALIA Pick up Address: _ Asbestos Bulk Volume 2000 _cubic yards _other(specify)_ Containerized Waste: Physical State (circle): solid other(specify) _ Hazardous Properties (circle): flammable water-reactive strong sensitizer corrosive or irritant air-reactive other (specify)_ Major Components: Concentrations: (% or ppm) (Ex: Hydrochloric acid, lead, lime, crude oil) Upper Special Handling Instructions (if any): NONE DOT Classifications: NoNESNYDER-BOMER Telephone Number: 969-8346 Pick-up: Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility named ab The HAULER shall retain Copy 2 after delivery. HORIZED AGENT AND TITLE We certify that the above described waste was delivered to the hauler named hereis disposal at the site named above. erly classified, described, packaged, marked policable regulations of the Department of SHIPPER'S CERTIFICATION: This is to certify that the above named materials a and labelled and are in proper condition for transportation according to signature of generator or authorized agent and title Transportation. -19-79 DATE he GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. iSPOSER OF WASTE (Must be filled in by disposer) Name (print or type): _ Site Address: _ We certify that the hauler named above delivered the described waste to this disposal facility. Volume measured at site (if applicable): Spreading Area SLF Area Treatment or Recovery Process (circle): Treatment / If waste is to be held for disposal elsewhere, specify final location:

SIGNATURE

ZED AGENT AND TITLE

	engres e -		DIS	POSAL CO	PY		
NC. 17447	TYPE OF LIQUID ACID	SOLVENT	CAUSTIC	H. I. T. S. L. S. F. K.	N.+ 01/31/10	orthout	
ID WASTE INC.	TYPE OF SERVICE	TANK	DISPOSAL FACILITY 1.W.D. SYSPECH	TANDFILL OTHER	VOLUME	BARREIS GAILONS A TENT	
BICLOF LADING I.W.D. LIQUID	1.ISTOMER.	LOCATION: ALL OF LOCATION	TRUCK TO THE DATE: 6-19-77 CONSIGNOR REPRESENTATIVE.	I.W.D. TIQUID WASTER	DISPOSAL EACHLITY REPRESENTATIVE. **A	TAMKAGE TRANSFER. GALIONS, ***	TANK NO.

		Breen A. S. S. S. S. S.	रा शक्करण र f D	ISPOSAL	COPY	A STATE OF THE PARTY OF THE PAR		in inches
NG. "Y118	TYPE OF LIQUID	SOLVENT	CAUSTIC CYANIDE	15 - Jack	Mit CLASSIFIED	14 4.26	0477.30	
ID WASTE	TYPE OF SERVICE	TANK		LANDFILL		VOLUME BARRELS	GALLONS	
OF LADING I.W.D. LIQU	CUSTOMER.	LOCATION: Ohio	TRUCK (0) DATE: 6-7-7	I.w.D. Liquip waste:	DISPOSAL FACINITY REPRESENTATIVE:	TANKAGE TRANSFER.	GALLONS	TANK NO.

1	A			ी र		• ,	A. S.	1	N. A.	13.00		(September)
						DISPO	OSAL C	OPY	5 / 5 / 5 / 5		:	
c. 17445	TYPE OF LIQUID	ACID	SOLVENT	Off	CAUSTIC	CYANIDE	The let	W. J. C. S. Con.		+		
NG.								\$			ý	
O WASTE II	TYPE OF SERVICE	DARRELS	I PAK	☐ OTHER	DISPOSAL FACILITY	skiech	O HER		VOLUME	SALONS		
BILL OF LADING I.W.D. LIQUIL	CUSTOMER.	トーグのプロート	COCATION	を含むっていていると	TRUCK 1004 DATE: (5-17-79	CONSIGNOR REPRESENTATIVE	I.W.D. UQUID WASTE	DISPOSAL FACILITY REPRESENTATIVE		GALLONS:	TANK NO.	

	DISPOSAL COPY
NG. C17130	ICE TYPE OF LIQUID . ACID SOLVENT OIL OIL CAUSTIC CYANIDE OTHER CYANIDE CYANI
) WASTE I	TOTHE OF SERVICE BARRELS ANK OTHER SYSTECH LANDFILL OTHER VOLUME BARRELS GALLONS 7.22
BILL OF LADING IN W.D. LIQUID	CUSTOMER: LOCATION: TRUCK NO.: CONSIGNOR REPRESENTATIVE: L.W.D. LIQUID WASTE: DISPOSAL EACHITY REPRESENTATIVE: TANKAGE TRANSFER. ANK NO.:

TOMER:	LIQUID WASTE)
INTAND	☐ BARRELS	ACID _	
OCATION:	TANK	SOLVENT_	
VANDALIA Ohio	OTHER	O	
RUCK 1001 DATE: 6-	DISPOSAL FACILITY	CAUSTIC _	
ONSIGNOR REPRESENTATIVE:	I.w.p.	CYANIDE	
	☐ SYSTECH		
W.D. LIQUID WASTE	LANDFILL	OTHER	
	OTHER	A-15=10/6/	HA.
ISPOSAL FACILITY REPRESENTATIVE		Will- Holans	ou:
	VOLUME	111 605	
ANKAGETIZALEER	BARRELS		
		-0176:22	14
GALONS	GALLONS Z		

BILL OF LADING I.W.D. LIQUIC	WASTE I	INC. 16057
CUSTOMER: LOCATION: TRUCK NO.: CONSIGNOR REPRESENTATIVE: L.W.D. LIQUID WASTE: DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSPER: GALLONS: TANK NO.:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL OTHER VOLUME BARRELS GALLONS	TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE OTHER REMARKS: ACID SOLVENT ACID ACID ACID ACID ACID ACID ACID ACID

CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
INTEND	☐ BARRELS	ACID
TATION:	TANK	SOLVENT
VANDALIA Olic	OTHER	on
TRUCK 1601 DATE: 5-30-79	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	I.W.D.	CYANIDE
I.W.D. LIGUID WASTE:	LANDFILL OTHER	AS 1= to SUATER
DISPOSAL FACILITY REPRESENTATIVE	VOLUME	IN 800 3:00
TANKAGETRANSFER:	BARRELS	097 3.35
GALLONS:	GALLONS CO	16+dlassifiel

BILL OF LADING I.W.D. LIQUID	WASTE	s-14-74 16095
CUSTOMER: IN 1900 LOCATION: VANDALIA ONIO TRUCK 1001 DATE: 5-19-79 CONSIGNOR REPRESENTATIVE: LW.D. LIQUID WASJE: DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSFER: GALLONS: TANK NO.:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL OTHER VOLUME BARRELS GALLONS GALLONS	TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE OTHER ALE TOS FIND IN AFR REMARKS NON-115 EXCOUS IN 11-50

ILL OF LADING I.W.D. LIQU	ID WASTE	INC. 16062
JSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
INAIL	☐ BARRELS	ACID
OCATION	TANK	SOLVENT
VANDELIA Ohio	OTHER	OIL
RUCK /0/ DATE:5-5-7	DISPOSAL FACILITY	CAUSTIC
ONSIGNOR REPRESENTATIVE:	I.W.D.	CYANIDE
	LANDFILL	OTHER
.W.D. LIQUID WASTE:	OTHER	Ashesto Sud
DISPOSAL EACHITY REPRESENTATIVE:	- OTHER	REMARKS:
Jan VI of	VOLUME	WOI CLASSILA
ANKAGE TRANSFER:		12 400
GALLONS:	GALLONS ONO	0479.30
	GALLONS	1
TANK NO.:		

BILL OF LADING I.W.D. LIQU	ID WASTE	INC. 10003
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
INLAND	☐ BARRELS	ACID
LOCATION:	TANK	SOLVENT
VANDALIA Ohic	☐ OTHER	OIL *
TRUCK 1001 DATE: 5-5-79	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	I.W.D.	CYANIDE
	SYSTECH	OTHER
I.W.D. LIQUIO WASTE:	LANDFILL OTHER	Not CLASSIFIE
DISTOSAL FACILITY REPRESENTATIVE:		FISCESTO STOTEL
Lais Wall	VOLUME	IN 10.50
TANKAGE TRANSFER:	BARRELS	10.00
GALLONS:	GALLONS LOTO	out 11:00
ANK NO.:		

DISPOSAL COPY 16676 TYPE OF LIQUID CYANIDE CAUSTIC SOLVENT OTHER ACID ᅙ NG. WASTE OTHER DISPOSAL FACILITY LANDFILL SYSTECH VOLUME BARRELS OTHER TANK DATE: BILL OF LADING CUSTOMER:

	4	A (\$10.00)	D	ISPOSAL CO	PY	
NG. 16691	TYPE OF LIQUID ACID	OIL OIL	CYANIDE	15/2/25/0/1/2/2/2/ Kinakks 2/1/3/1/2/	05:01 x1	\
WASTE I	TYPE OF SERVICE BARRELS	TANK OTHER	DISPOSAL FACILITY I.W.D.	L ANDFILL OTHER	VOLUME BARRELS	GALLONS
BILL OF LADING I.W.D. LIQUIL	CUSTOMER. Tuly ND	LOCATION. VALA, Chic	TRUCK (0) DATE: 4-73-79 CONSIGNOR REPRESENTATIVE.	1.W.B. Ligato Waste.	DISPOSAL FACILITY REPRESENTATIVE. TAIKAGE TRANSFER.	GALLONS:ANK NO.:

TOMER:	TYPE OF SERVICE	TYPE OF LIQUID	
\mathcal{T} of AND \mathcal{M}	BARRELS	ACID	
LOCATION:	TANK	SOLVENT	
VAYDALIE ONIO	OTHER	Ooir	
TRUCK / CO DATE: 4-21-19	DISPOSAL FACILITY	CAUSTIC	
NO.: () DATE: 7-2 1-1	☐ I.W.D.	CYANIDE	┨.
11/1/	SYSTECH ,	OTHER	기 당 당
W.D. WOULD WASTE:	LANDFILL	O / /	DISPOSAL COPY
Kinnes I World	OTHER	REMARKS.	− נֻ
DISPOSAL FACILITY REPRESENTATIVE:		NON-HEET DUIS	\ Y q
Mais Nall	VOLUME	10 150	
ANKAGE TRANSFER:	BARRELS		
GALLONS:	GALLONS/900	21 22 QO	
TANK NO.			
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BILL OF LADING I.W.D. LIQUI	D WASTE	ا المجادة 16804 م	
# I.W.D. LIQU	D WASTE TYPE OF SERVICE	INC. 16804	
USTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	
USTOMER:	η	TYPE OF LIQUID	
CUSTOMER: J. Land OCATION:	TYPE OF SERVICE BARRELS TANK	TYPE OF LIQUID ACID SOLVENT	
OCATION: Va. delene	TYPE OF SERVICE BARRELS	TYPE OF LIQUID TYPE OF LIQUID SOLVENT OIL	
OCATION: Va. deleni RUCK NO: 601 DATE: \$44-1979	TYPE OF SERVICE BARRELS TANK OTHER	TYPE OF LIQUID TYPE OF LIQUID SOLVENT OIL CAUSTIC	1.
CUSTOMER: Jackard OCATION: Ja. Seleni RUCK NO:: 601 DATE: \$44-19.79 CONSIGNOR REPRESENTATIVE:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY	TYPE OF LIQUID TYPE OF LIQUID SOLVENT OIL CAUSTIC CYANIDE	1.
OCATION: Va. delene RUCK NO: 601 DATE: \$4-1979 CONSIGNOR REPRESENTATIVE:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D.	TYPE OF LIQUID TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE OTHER	1.
OCATION: Va. deleni RUCK NO: 601 DATE: \$4-1979 CONSIGNOR REPRESENTATIVE:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH	TYPE OF LIQUID TYPE OF LIQUID SOLVENT OIL CAUSTIC CYANIDE	1.
COCATION: Ja. Select IRUCK NO.: GOI DATE: 14-19 19 CONSIGNOR REPRESENTATIVE: L.W.D. LIQUID WASTE: Alway & And And And	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL	TYPE OF LIQUID TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE OTHER	DISPOSAL COPY
CONSIGNOR REPRESENTATIVE:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL	TYPE OF LIQUID TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE OTHER	1.
OCATION: Va. delene RUCK NO.: DATE: \$44-19 19 CONSIGNOR REPRESENTATIVE: W.D. LIQUID WASTE: W.D. LIQUID WASTE:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL OTHER	TYPE OF LIQUID TYPE OF LIQUID ACID SOLVENT OIL CAUSTIC CYANIDE OTHER	1.

TANK NO.:_

الشامين والمصنفي أعضانا يتاعلكك لاناما DISPOSAL COPY 681 CYANIDE CAUSTIC TYPE OF LIQUI SOLVENT OTHER ACID 9 X OTHER DISPOSAL FACILITY WASTE GALLONS LODO TYPE OF SERVIC Systech LANDFILL VOLUME ☐ JARRELS OTHER ☐ I.W.D. TANK D I.W.D. NO.: (00/ CONSIGNOR REPRESENTATIV TANKACE TRANSFER. BILL OF LADING TANK NO.: GALLONS:

	, contract of	19-	DISPOSAL COPY	
NC. 16686	TYPE OF LIQUID	SOLVENT OIL	CAUSTIC CYANIDE CYANIDE OTHER	
) WASTE I	TYPE OF SERVICE	DARREIS TANK OTHER	DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL OTHER	BARREIS
BILL OF LADING I.W.D. LIQUII	CUSTOMER:	LOCATION: VANCELIE OTIC	TRUCK NO.: DATE: 7-7. 1.1. NO.: CONSIGNOR REPRESENTATIVE. 1.W.D. UGUID WASTE: 7 DISPOSAL FACULTY REPRESENTATIVE.	TANKAGE TRANSFER: ALLONS:

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BILL OF LADING I.W.D. LIQU	JID WASTE	INC.	16670
CUSTOMER:	TYPE OF SERVICE	TYPE	OF LIQUID
INLAND	BARRELS		ACID
CATION:	TANK		SOLVENT
VANDALIA Ohio	OTHER		OIL
TRUCK 1001 DATE: 4-7-1	DISPOSAL FACILITY]	CAUSTIC
CONSIGNOR REPRESENTATIVE:			CYANIDE
IN Chening	SYSTECH	<u></u>	OTHER
W.D. LIQUID WASTE:	LANDFILL	1-1:-	1 àt=6
Miny I Whood for	OTHER	REMARKS:	Hozacher
DISPOSAL EACILITY REPRESENTATIVE:		14.	~ 11:18
TANKAGE TRANSFER:	VOLUME	11/16	+12:00
	BARRELS	1 01	1/200
GALLONS:	GALLONS 2000	-	
TANK NO.:			
			•

LL OF LADING I.W.D. LIQUID	WASTE	NC. 16576	命交
CUSTOMER: IN IAND MFG. LOCATION: LOCATION	TYPE OF SERVICE TANK	TYPE OF LIQUID ACIDSOLVENT	
TRUCK 616 DATE: 3-6.77 CONSIGNOR REPRESENTATIVE:	DISPOSAL FACILITY I.W.D. SYSTECH		DISF
DISPOSAL FACILITY REPRESENTATIVE:	LANDFILL OTHER	A-12-to + Water REMARKS WATCH ASSIFICE	OSAL COPY
TANKAGE TRANSFER: GALLONS:	VOLUME BARRELS GALLONS 2000	TIME 1.1 3 FM	•
TANK NO.:			

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NG. 16586	TYPE OF LIQUID ACID ACID OIL CAUSTIC CAUSTIC CAUSTIC CAUSTIC CAUSTIC CAUSTIC AS DESTOS LIVE FICE AS DESTOS LIVE FICE AS DESTOS LIVE FICE AS DESTOS LIVE FICE THIS IN 300	
ID WASTE I	TYPE OF SERVICE BAÉRELS TANK OTHER DISPOSAL FACILITY I.W.D. SYSTECH LANDFILL LANDFILL OTHER VOLUME BARRELS GALLONS ZOCO	
BILL OF LADING I.W.D. LIQU	STOWER. LOCATION. LOCATION. TRUCK NO.: CONSIGNOR REPRESENTATIVE. L.W.D. LIQUIDWASTE. L.W.D. LIQUIDWASTE. L.W.D. LIQUIDWASTE. TANKAGE TRANSFER. GALLONS.	TANK NO.

	-	Marie Marie	**			. D	ISPO)SA	r CC) PY				
INC. 3-25-76704	TYPE OF LIQUID	ACID ACID	SOLVENT	16	CAUSTIC	CYANIDE	OTHER		REMARKS:	195365505 & 1/20	100T 1:12 CLASS	12/27/15/0	TATION ION	
WASTE	TYPE OF SERVICE	BARRELS	☐ TANK	OTHER	DISPOSAL FACILITY		SYSTECH	LANDFILL	OTHER	· •	VOLUME	BARREIS	GALLONS 2008	
BILL OF LADING I.W.D. LIQUID WASTE INC.	CUSTOMER:	INLAND MFG	IOCATION:	VANDALIA ON	TRUCK (60/ DATE: 3.03.09	ENIA	Maria, Folia	I.W.D. LIQUID WASTE:	Jen: & Clinder	DISPOSAT FACILITY REPRESENTATIVE:	Lais Rall	TANKAGE TRANSFER:	GALLONS:	TANK MO.:

BILL OF LADING I.W.D. LIQUID	WASTE	INC.32400 16657
TOMER:	TYPE OF SERVICE	TYPE OF LIQUID
1 Tuland	☐ BÁRRELS	ACID
LOCATION:	T TANK	SOLVENT
VANUACIA (TOO)	OTHER	OIL
TRUCK NO.: 1001 DATE: 3- 4-7-1	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	L I.W.D.	CYANIDE
THE PASS OF THE PASS	SYSTECH	OTHER Z
I.W.D. LIQUID WASTE:	LANDFILL	AS N
The state of the selfent	U OTHER	REMARKS:
DISPOSAL FACILITY REPRESENTATIVE:		
Taes Hall	VOLUME	TA TENT AND
TANKAGE TRÂNSFER:	BARRELS	Trans 1991
GALLONS:	GALLONS,	
TANK NO.:	1200	111-
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I.W.D. LIQUID WASTE: LANDFILL OTHER Shestos WATER	BILL OF LADING I.W.D. LIQU	ID WASTE	INC. 17502
TRUCK NO.: ON DATE: 3-26 29 CONSIGNOR REPRESENTATIVE: I.W.D. LIQUID WASTE: DISPOSAL FACILITY REPRESENTATIVE: DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSFER: DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSFER: DISPOSAL FACILITY REPRESENTATIVE: BARRELS TANKAGE TRANSFER: DISPOSAL FACILITY REPRESENTATIVE: DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSFER: BARRELS DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSFER: DISPOSAL FACILITY REPRESENTATIVE:			
TRUCK NO.: DATE: 3-26 79 CONSIGNOR REPRESENTATIVE: CYANIDE SYSTECH LANDFILL DISPOSAL FACILITY CYANIDE SYSTECH LANDFILL OTHER TANKAGE TRANSFER: DISPOSAL FACILITY DISPOSAL FACILITY CAUSTIC CYANIDE SYSTECH DATE: CYANIDE CYANIDE OTHER TANKAGE TRANSFER: DISPOSAL FACILITY DISPOSAL FACILITY CAUSTIC CAUSTIC CYANIDE CYANIDE OTHER TANKAGE TRANSFER: DATE: DATE: SOURCE SARRELS DISPOSAL FACILITY CAUSTIC CAUSTIC CAUSTIC CYANIDE CYANIDE CYANIDE CYANIDE CYANIDE CYANIDE CYANIDE SYSTECH CYANIDE CYANICE CYANIDE CYANICE CYANIDE CYANICE CYANI	LOCATION:		
Marcia Johns I.W.D. LIQUID WASTE: LANDFILL DISPOSAL FACILITY REPRESENTATIVE: TANKAGE TRANSFER: SYSTECH LANDFILL OTHER OTHER AS DES TOS WATER REMARKS: NON-HAZARDOUS VOLUME TANKAGE TRANSFER: BARRELS BARRELS	TRUCK NO.: 601 DATE: 3-26 7	$a \parallel -$	CAUSTIC
DISPOSAL FACILITY REPRESENTATIVE: VOLUME TANKAGE TRANSFER: REMARKS: VOLUME TIME 11. 8:00	Marcia Johns		OTHER
TANKAGE TRANSFER: BARRELS TIME IN 8:00	DISPOSAL FAÇÎLITY REPRESENTATIVE:	OTHER	REMARKS NON-HAZARDOUS
ANK NO.:			-1

BILL OF LADING I.W.D. LIQUID	WASTE	INC. 3.3.2.3 16851
CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
INLAND MFG	☐ BARRELS	ACID
CATION:	TANK	SOLVENT
VANDALIA, O	OTHER	oil
TRUCK NO.: 616 DATE: 3-30-79	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	1.W.D.	CYANIDE
Marcia Island	SYSTECH	OTHEROTHER
I.W.D. LIQUIDWASTE:	LANDFILL So	IN PLANT - 9.00AMS
MHG	OTHER	REMARKS:
DISPOSAL FACILITY REPRESENTATIVE:		ALEXOS HAD ?
Lus Hall	VOLUME	DOT HIZCHAS:
TANKAGE TRANSFER:	BARRELS	DI NICCHIS.
GALLONS:	GALLONS 200	NOT LISTED
TANK NO.:		
	2.4	

USTOMER:	ID WASTE	
•	TYPE OF SERVICE	TYPE OF LIQUID
INLAND-	☐ BARRELS	ACID
OCATION:	D ATANK	SOLVENT
VANDALIA - Ohio	OTHER	OIL
RUCK NO.: (3/6 DATE:	DISPOSAL FACILITY	CAUSTIC
ONSIGNOR REPRESENTATIVE:	⊢ ∐ I.W.D.	CYANIDE
Marila Tolicas	SYSTECH	OTHER
W.D. LIQUID WASTE:	TANDFILL SO	1110/10 - 102W
Ill or	OTHER	REMARKS:
ISPOSAL FACHITY REPRESENTATIVE:		ACBSIDS H20
Lais Hall	VOLUME	DOT HAZ OLASS!
ANKAGE TRANSFER:	BARRELS	1005/1070
GALLONS:	GALLONS 2000	LIBKHION
'NK NO.:		

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TOMER	S 10			TYPE OF SERVICE	TYPE	OF LIQUID		
A A A A A	44	A Control of the Cont		BARRELS		ACID	-	
OCATION		94 ·_		TANK		SOLVENT	-	
IRUCK 3	1(14) C	rnio		DISPOSAL FACILITY	┦∐	OIF	-	
NO. ()	06	DATE: 5-11-	79	I.W.D.	11-	CAUSTIC	}	
CONSIGNOR	BENEZIKITAT	IVE:		SYSTECH		CYANIDE	<u>B</u>	
	WASTE	met.	-	LANDFILL	15	OTHER	ISPOS	
1	W/			OTHER	Ash-s	105/ F120		<u> </u>
DISPOSAL FAC	KITY REPRESE	NTATIVE:	4		REMARKS,	6+	9	
1	us N.	M		VOLUME	CLASS	F/45	4	
TANKAGE TRA	ANSFER:			BARRELS		~^		
GALLONS:				GALLONS 2000	In To	00		
TANK NO.:			=		0419	35		
(WD)		L WASTE DISP 3975 WAGONER DAYTON, OHIO (513) 278-0821	FORD RD.	XXXXXXD. LIQU 3106 SNYDER-D SPRINGFIELD, C (513) 969-8346	OMER RD.	I.W.D. CHI 133 TWIN BR DANVILLE, IN (317) 745-287	IDGES RD. DIANA 46	
			HAZARD	OUS WASTE MAN	NIFEST		A	5611
		: (Must be filled INLAND MAI						
k up Addr	FNCI	E ROAD	MIRALIUS		DALIA, OHI	0 45377		
·	(NO.)		REET)		(CITY)			
	umbers: 2			P. O. or Co		MV 5495	36 <i>I</i>	11 00
Order Placed	By: xx st	anding orde	er		Date	THE STATE OF	2-	11-17
				uth Landfill,	Kettering	OH		
		E (Must be filled						
	te: asber sal facility code	stos/water numbers)						
		_						
	<u> </u>	_						
Bulk Volume	4000	gallons	tons	cubic y	ards	other(spec	ify)	
Containerized	d Waste:		_drums _	р	-11-4-		o	ther
					allets			
Physical State	e (circle): so	lid liquid	sludge	other(specify)	allets			
			sludge toxic			strong sensitize	er co	rrosive or irr
	e (circle): so			flammable v	water-reactive			
	e (circle): so	e): none	toxic	flammable v	water-reactive	strong sensitize		
pH (circle):	e (circle): so roperties (circl less than onents:	e): none	toxic air-read than 10	flammable v	water-reactive	strong sensitize	ns: (% or	ppm)
pH (circle):	e (circle): so roperties (circl less than onents: chiforic acid //ee	ad, fime, crude o	toxic air-read than 10	flammable v	water-reactive	strong sensitize Concentratio Upper	ns: (% or	
Hazardous Pr pH (circle): Major Compo (Ex: Hydroc 1.	less than	e): none 3 greater ad, fime, crude o	toxic air-read than 10	flammable v	water-reactive pecify)	strong sensitize Concentratio Upper	ns: (% or	ppm)
pH (circle): Major Compo (Ex: Hydroc 1	less than conents:	greater ad, fime, crude o	toxic air-read than 10	flammable v	water-reactive pecify)	strong sensitize Concentratio Upper	ns: (% or	ppm)
pH (circle): Major Compo (Ex: Hydroc 1	less than onents:	e): none 3 greater ad, fime, crude o	toxic air-read than 10	flammable v	water-reactive	strong sensitize Concentratio Upper	ns: (% or	ppm)
pH (circle): Major Compo (Ex: Hydroc 1	less than onents:	e): none 3 greater ad, fime, crude o	toxic air-read than 10	flammable v	water-reactive	strong sensitize Concentratio Upper	ns: {% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than onents:	greater ad, fime, crude o	toxic air-read than 10	flammable votive other(s	water-reactive	concentratio	ns: {% or	ppm) Lower
Hazardous Pr pH (circle): Major Compo (Ex: Hydroc 1	less than opents: chiforic acid, less than opents:	greater ad, fime, crude o	toxic air-read than 10 iii) gloves,	flammable vother(s	water-reactive pecify)	strong sensitize Concentratio Upper	ns: {% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than conents: chiroc acid, less than chiroc a	greater ad, fime, crude of the control of the cont	toxic air-read than 10 iii) gloves,	flammable votive other(s goggles no placardi	water-reactive pecify)	concentratio	ns: {% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chroric acid, less than onents: chroric acid	ad, fime, crude of the crude of type): non hazardo or type): I in nyder Dome:	toxic air-read than 10 iii) gloves, Dus I D LIQU Road,	flammable other(s goggles no placardi ID WASTE INC Springfield, O	mg require	concentratio	ns: {% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than onents: ling Instructio cations: ULER (print o ress: 3106 S (NO.)	ad, fime, crude of the control of the crude	gloves, DLIQUE ROAD, TOTAL TOTAL TOTAL	flammable other(s goggles no placardi ID WASTE INC Springfield, Ol	mg require	concentratio	ns: {% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chroric acid, less than onents: chroric acid	greater ad, fime, crude of the crude of type): non hazardo or type): 11 nyder Domes (if applicable):	toxic air-read than 10 gloves, DLIQUEROAD, TREET)	flammable other(s goggles no placardi ID WASTE INC Springfield, Ol	mg require hio 45502 (CITY)	concentratio	ns: {% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chroric acid, less than onents: chroric acid	greater ad, fime, crude of the crude of type): non hazardo or type): 11 nyder Domes (if applicable):	toxic air-read than 10 gloves, DLIQUEROAD, TREET)	flammable other(s goggles no placardi ID WASTE INC Springfield, Ol	mg require hio 45502 (CITY)	concentratio	ns: {% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than opents: chroric acid, less than opents: chroric acid	greater ad, fime, crude of the crude of type): non hazardo or type): 11 nyder Domes (if applicable):	gloves, DLIQUE ROAD, STREET) delivered to	gogglesno placardi ID WASTE INC Springfield, Ol	mg require hio 45502 (CITY) Time	concentratio	ns: (% or	ppm) Lower
pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chroric acid, less than one than	ad, fime, crude of the control of type): non hazardo or type): 1 in nyder Dome: (if applicable): ed waste will be Copy 2 after deli	toxic air-read than 10 iii) gloves, DUS FORMATION ROAD STREET) 66 FORMATION delivered to very.	gogglesno placardi ID WASTE INC Springfield, Ol	ng require hio 45502 (CITY) Time	Concentratio Upper	ns: {% or	ppm) Lower ar
Hazardous Pr pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chiror acid, less thiror acid, less thiror acid, less thiror acid, less than onents: chiror acid, less than onents: chiror acid, less than one thiror acid, less than one third acid, less t	ad, fime, crude of the control of the crude of type):	toxic air-read than 10 iii) gloves, Dus I D LIQU Road, STREET) i6 F	goggles no placardi ID WASTE INC Springfield, Ol Pick-up: the disposal facility residence of the hauler named material	ng require hio 45502 (CITY) Time amed above a E OF HAULER (herein for disp	Concentratio Upper d AUTHORIZED osal at the site na	ns: (% or	ppm) Lower au pi
Hazardous Pr pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chiforic acid, less thing Instruction cations: cations	ad, fime, crude of the control of th	toxic air-read than 10 iii) gloves, Dus I D LIQU Road, STREET) i6 F	goggles no placardi: ID WASTE INC Springfield, Ol Pick-up: the disposal facility of	ng require hio 45502 (CITY) Time amed above a E OF HAULER (herein for disp	Concentratio Upper d AUTHORIZED osal at the site na	ns: (% or	ppm) Lower au p ND TITLE /e. aged, marke
Hazardous Pr pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chiforic acid,	ad, fime, crude of the control of th	toxic air-read than 10 iii) gloves, Dus I D LIQU Road, STREET) i6 F	goggles no placardi ID WASTE INC Springfield, Ol Pick-up: the disposal facility residence in a condition according	ng require hio 45502 (CITY) Time amed above of HAULER (herein for disp s are properly to the applica	Concentratio Upper d AUTHORIZED osal at the site na	agent Al	ppm) Lower au p ND TITLE //e. agged, marke
Hazardous Pr pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chiforic acid, less than one that one than one t	ad, fime, crude of the control of type): non hazardo or type): nyder Dome: (if applicable): ed waste will be Copy 2 after delified described waste villed by the condition of the condition o	gloves, DLIQUEROAD, TROAD, TROAD,	goggles no placardi ID WASTE INC Springfield, Ol Pick-up: the disposal facility residence in a condition according	ng require hio 45502 (CITY) Time hamed aboves are properly to the application of the a	Concentratio Upper d s: CR AUTHORIZED Osal at the site na classified, describible regulations OR OR AUTHORIZED	AGENT AI med aboved, pack of the D	ppm) Lower ND TITLE re. aged, marke epartment
Hazardous Pr pH (circle): Major Compo (Ex: Hydroc 1	less than onents: chiforic acid, less thing Instruction cations:	ad, fime, crude of the control of type): non hazardo or type): nyder Dome: (if applicable): ed waste will be Copy 2 after delified described waste villed by the condition of the condition o	toxic air-read than 10 iii) gloves, DLIQUE Road, STREET) ide delivered to very. was delivered to that the a on for train	goggles no placardi ID WASTE INC Springfield, Ol Pick-up: the disposal facility the hauler named bove named material sportation according SIGNATUR after completing the	ng require hio 45502 (CITY) Time hamed aboves are properly to the application of the a	Concentratio Upper d s: CR AUTHORIZED Osal at the site na classified, describible regulations OR OR AUTHORIZED	AGENT AI med aboved, pack of the D	ppm) Lower ND TITLE re. aged, marke epartment
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SEMERATOR OF WASTE (Must be filled in by producer) fame (print or type):INLAND_MANUPACTURING	HAZA	RDOUS WASTE MAN	IIFEST	A 5977
up Address: ENGLE ROAD, VANDALIA, OHIO 45377 (NO.] (NO.] (STREET) (CITY) relephone Numbers: 227 8303 P. O. or Contract No. Blanket Order proper Placed By: Jerry Timms persignated Disposal/Recovery Facility: I V D South Landfill, Kettering, Ohio Date: S-/	GENERATOR OF WASTE (Must be filled in by p	roducer)		A 3611
relephone Numbers: 227 8303 P. O. or Contract No. Blanket Order Date: 5 / - 9 P. O. or Contract No. Date: 5 / - 9 P. O.	Name (print or type): INLAND MANUFACTURI			
P. O. or Contract No. Blanket Order Date: Jerry Tissues Date: Jerry Ti	up Address: ENGLE ROAD,	VANDALIA, O		
Order Placed By: Jerry Timms Operating		P.O. or Cr		Order
Period Industry (SIC No.) Period Industry (Sic				0-79
Designated Disposal/Recovery Facility: I W D South Landfill, Kettering, Ohio DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste: abbeatos/kaket Indicate disposal facility code numbers! Total Containerized Waste: drums pallets other (specify) Description on tainerized Waste: drums pallets other (specify) Description on tainerized Waste: drums pallets other (specify) Description on toxic flammable water-reactive strong sensitizer corrosive or in air-reactive other (specify) Description of the containerized Waste (circle): solid liquid studge other (specify) Description of the containerized waster fractive other (specify) Description of the containerized water-reactive strong sensitizer corrosive or in air-reactive other (specify) Description of the container of the	·			•
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pecial Handling Instructions (if any): gloves, goggles, hard hat with face shield Classifications: non hezardous	(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper	Lower
Classifications: non hazardous no placarding required ame of HAULER (print or type): I W D LIQUIL WASTE INC usiness address: 3106 Snyder Domer Road, Springfield, Ohio (NO.) (STREET) (CITY) elephone Number: 1 513 969 8346 Pick-up: Times: applicable Hauler's Permit No. (if applicable): de certify that the described waste will be delivered to the disposal facility named above. The certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. The labelled and are in proper condition for transportation apprication to the applicable regulations of the Department nasportation. The GENERATOR shall retain Copy 4 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions. ISPOSER OF WASTE (Must be filled in by disposer) ame (print or type): te Address: described waste of the described waste to this disposal facility. Volume measured at site (if applicable):	1. 73063703			
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Classifications: _non hazardousk no placarding required ame of HAULER (print or type): I W D LIQUIL WASTE INC usiness address: 3106 Snyder Domer Road, Springfield, Ohio				
Classifications: non hazardous no placarding required ame of HAULER (print or type): I W D LIQUII WASTE INC usiness address: 3106 Snyder Domer Road, Springfield, Ohio (NO.) (STREET) (CITY) elephone Number: 1 513 969 8346 Pick-up: Times: p // caste Hauler's Permit No. (if applicable): // certify that the described waste will be delivered to the disposal facility named above. // the HAULER shall retain Copy 2 after delivery. // Certify that the above described waste was delivered to the hauler herein for disposal at the site named above. // INPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marke // Iabelled and are in proper condition for transportation according to the applicable regulations of the Department // ATE // DESCRIPTION portions. // ISPOSER OF WASTE (Must be filled in by disposer) ame (print or type): te Address: // Cecrtify that the hauler named above delivered the described waste to this disposal facility. // Volume measured at site (if applicable):				
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usiness address: 3106 Snyder Domer Road, Springfield, Ohio (NO.) (STREET) (CITY) elephone Number: 1 513 969 8346 Pick-up: Times: p leste Hauler's Permit No. (if applicable): leste Hauler shall retain Copy 2 after delivery. SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. "IPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked habeled and are in proper condition for transportation according to the applicable regulations of the Department insportation. INTE BIGNATURE OF GENERATOR AUTHORIZED AGENT AND TITLE SIGNATURE OF GENERATOR and WASTE DESCRIPTION portions. ISPOSER OF WASTE (Must be filled in by disposer) ame (print or type): te Address: Ve certify that the hauler named above delivered the described waste to this disposal facility. Volume measured at site (if applicable):	Clarification non hazardous	k no placardin	a required	
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Aste Hauler's Permit No. (if applicable): Aste Hauler named have above. Aste Hauler of Hauler of Authorized Agent and Title Aste Certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. Aste Habelled and are in proper condition for transportation according to the applicable regulations of the Department in apportation. Aste Habelled and are in proper condition for transportation according to the applicable regulations of the Department in apportation. Aste Habelled and are in proper condition for transportation according to the applicable regulations of the Department in apportation. Aste Habelled and are in proper condition for transportation according to the applicable regulations of the Department in apportation. Aste Hauler of Hauler of Authorized Agent and Title in the Department in apportation. Aste Hauler of Hauler of Authorized Agent and Title in the Department in apportation according to the applicable regulations of the Department in apportation. Aster Hauler of Hauler of Authorized Agent and Title in the Signature of Authorized Agent and Title in applicable regulations of the Department in apportation. Aster Hauler of Hauler of Authorized Agent and Title in applicable regulations of the Department in apportation. Aster Hauler of Hauler of Authorized Agent and Title in applicable regulations of the Department in apportation. Aster Hauler of Hauler of Authorized Agent and Title in applicable regulations of the Department in apportation. Aster Hauler of Hauler of Authorized Agent and Title in applicable regulations of the Department in apportation according to the applicable regulations of the Department in apportance in applicable regulations of the Department in apportation	(NO.) (STREET)		(CITY)	
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Ne HAULER shall retain Copy 2 after delivery. SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE We certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. PUPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked a liberation of the proper condition for transportation according to the applicable regulations of the Department of an applicable regulations of the Department of a policy of the applicable regulations of the Department of a policy of the applicable regulations of the Department of the applicable regulations of the Department of the applicable regulations of the Department of the applicable regulations				
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te Address:				
Volume measured at site (if applicable):				
Prmit No		ne described waste to this	disposal facility	
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earment or necovery process (circle). Treatment Symeating Area Sur Area Other (specify):	Treatment or Recovery Process (circle): Treatmen	1		

If waste is to be held for disposal elsewhere, specify final location:

OF LADING I.W.D. LIQUI	D WASTE INC. 10000
OMER	TYPE OF LIQUID
LOCATION	ACID
VANDALIA OTIO	COTHER OIL
TRUCK / = / F D CO	DISPOSAL FACILITY CAUSTIC
NO. 1101 DATE:) 75-14	- LW.D.
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LAND GOLDO WASTE:	LANDFILL OTHER
Meny L. Clorking	OTHER REMARKS:
DISPOSAL FACILITY REPRESENTATIVE	1 2 §
TANKAGE TRANSFER:	VOLUME 1N 8:26
	GALLONS 1500 OIIT 9.05
GALLONS:	GALLONS
TANK NO.:	<u></u>
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 J.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122
(513) 278-0821	(513) 969-8346 (317) 745-2878
	DOUS WASTE MANIFEST A 5875
I. GENERATOR OF WASTE (Must be filled in by proc Name (print or type): INLAND MANUFACTURING	
up Address: Engle Road,	Vandalia, Ohio
(NO.) (STREET)	(CITY)
Telephone Numbers:	P. O. or Contract No. Blanket Order
MEC	Date:
Type of Industry (SIC No.) /// () Designated Disposal/Recovery Facility: I W D	SOUTH LANDFILL Kettering OH
DESCRIPTION OF WASTE (Must be filled by produc	
Type of Waste: asbestos & water	
(Indicate disposal facility code numbers)	
Bulk Volume: 1500 gallons tons	cubic yardsother(specify)
	pallets other
Physical State (circle): solid (iquid sludge	,
Hazardous Properties (circle): none toxic	flammable water-reactive strong sensitizer corrosive or irritar
air-rea	active other(specify)
pH (circle): less than 3 greater than 10	
Major Components: (Ex: Hydrochlpric acid, lead, lime, crude oil)	Concentrations: (% or ppm) Upper Lower
1. 615+-5	Upper Lower
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3.	_
Special Handling Instructions (if any): goggles,	gloves, hard hat with face shield
Classifications: non hazardous	JID WASTE INC
traine of tracelit (print of type).	nd, Springfield, Ohio 45502
Business address: (NO.) (STREET)	(CITY)
Telephone Number: 1 513 969 8346	Pick-up: Times: :pm
Waste Hauler's Permit No. (if applicable):	
We certify that the described waste will be delivered to	o the disposal facility named above
The HAULER shall retain Copy 2 after delivery.	Keny L. Woodham
We certify that the above described waste was delivery	SYGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE and to the hauler named herein for disposal at the site named above.
'IPPER'S CERTIFICATION: This is to certify that the	above named materials are properly classified, described, packaged, marked
i labelled and are in proper condition for training ansportation.	nsportation according to the applicable regulations of the Department of
5-8-19	SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE
	at after completing the GENERATOR and WASTE DESCRIPTION portions.
I. DISPOSER OF WASTE (Must be filled in by disposer)
Name (print or type):	
Site Address:	
We certify that the hauler named above delivered the	
Permit No	Volume measured at site (if applicable):
Treatment or Recovery Process (circle): Treatment	
If waste is to be held for disposal elsewhere, sp	pecity final location:

SIGNATURE OF DISPOSED OF A THINDIZED AGENT AND TITLE

BILL OF LAE	DING I.W	.D. LIQUI	D WASTE I	NC.	10001	
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OCATION	Buch	ンプがご	LE TANK	<u> 19</u>	SOLVENT	
TRUCK	77-617-617	- VIII () e	DISPOSAL FACILITY		.OIL	
NO. : //	P/6 DAT	E. 5-7-79	1 1,W.D.		CAUSTIC	
CONSIGNO	R REPRESENTATIVE	* *	SYSTECH		CYANIDE	28
LW.D. LIGH	D WASTE:		LANDFILL	[I]	OTHER	DISPOSAL
11		1-11	OTHER	ASDES	toful tex	2
DISPOSAL F	CILITY REPRESENT	ATIVE:	1	1/27	12.4381F10	COPY
	Lais 1	Wall	VOLUME		7:3%	
TANKAGET	RANSFER:		BARRELS	100		
GALLONS:		_	GALLONS 1500	247 -	5 9 <i>0</i>	7a * Val
TANK NO.:						
	INDUSTRIAL W	ASTE DISPOSAL	r⊲ I.W.D. LIQUI	WASTE	I.W.D. CHEMI	CAL DISPOSAL
IWD		75 WAGONER FORD RD. YTON, OHIO 45414	3106 SNYDER-DO SPRINGFIELD, OH	MER RD.	133 TWIN BRIDGE	ES RD.
		13) 278-0821	(513) 969-8346	110 43302	(317) 745-2878	NA 40122
		HAZARI	DOUS WASTE MAN	IFEST		A 5889
GENERAT	OR OF WASTE IN	flust be filled in by prod	ducer)			1 3003
Name (prin	it or type):	VIAND	To Ila			
Pick up Ad	ldress:	(STREET)	RI UAN	UDALIA ICITY)	4	
:phone	Numbers:		P. O. or Co			
Order Place	ed By: DEDT	830		Date	5-7-79	
Type of Inc	dustry (SIC No.)	1FG		*	-	
Designated	Disposal/Recovery	Facility: I WD	South 1	-ANDF	ILC.	
DESCRIPT	ION OF WASTE (N	lust be filled by produc	cer)			
Type of Wa	7	tos/WATER				
(Indicate dis	posal facility code num	ibers) /				_
						-
Bulk Volum	ne: 2 <u>000</u> gallo	onstons_	cubic ya	rds	other(specify)	
Containeriz		drums				
	ate (circle): solid	liquid sludge	•			
•	Properties (circle):	none toxic		ater-reactive	strong sensitizer	corrosive or irrita
Tiazar Gods	· roperties (energy.	air-rea				
pH (circle):	less than 3	greater than 10				
Major Com	ponents:	·			Concentrations:	(% or ppm)
•	ochloric acid, lead, I	ime, crude oil)			Upper	Lower
1	SbESTOS					
ر بن <u>۔</u> 2.	ATER					
3						
4		1/21/-				
Special Han	dling Instructions (i	if any): 1000 E				
	Na1	F CLASSIF	7.E.N			
	fications:	7/11	Light L	765+1	TNC.	
	AULER (print or ty dress: <u>310 (e</u>	pel: L-WD	- DOMER PI		WCFIELD (26.10
Business ad	(NO.)	ISTREETI	DOTTER NO.	(CITY)	1000	21110
Telephone i	Number: <u>5 / 3</u> -	969-8346	Pick-up:	Time	s::_	pm
Waste Haule	er's Permit No. (if a	pplicable):				
We certify	that the described w	raste will be delivered to	o the disposal facility na	amed above.	11/1/1/	,
The HAULi	ER shall retain Copy	v 2 after delivery.	XIN	w L.	Worthan	n L
				\forall	OR AUTHORIZED AGE	
			ed to the hauler named t above named materials	•		
and labell	ed and are in pro		nsportation according t			
ransportat	5-7-9	79	<u> </u>	Plant	OR AUTHORIZED	
ATE The GENE		Conv. A of this				
		Copy 4 of this manifes be filled in by disposer	it after completing the G	SENERAIOR	and WASTE DESCR	ir HON portions.
		, ,	•			
			described waste to this s			
			described waste to this o			
			Volume mea			
		(circle): Treatment)	∟⊢ Area Oth	er (specity):	
		or disposal elsewhere, s	pecity that location:	L.	Nall	
Discount Day	te:			-au	Nuch	
Disposat Da			SIGNATURE	OF DISPOSER	OR AUTHORIZED AG	ENT AND TITLE

CHEMTREC 1/800/424-9300

1000	\mathcal{A}
KUW	Di

INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821

3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346

I.W.D. CHEMICAL DISPOSAL
133 TWIN BRIDGES RD.
DANVILLE, INDIANA 46122
(317) 745-2878

5.4 -5

CENEDATOD OF MACTE (March - 5)		ASTE MANIFEST	P	5876
GENERATOR OF WASTE (Must be fill Name (print or type): INLAND MA				
Posts Dood 1	Vandalia, Ohio	45377		
rick up Address	STREET)	(CITY)	
'ephone Numbers: 227 8303		P. O. or Contract No	Blanket Order	
er Placed By: Jerry Timms			Date:	
Type of Industry (SIC No.)				
Designated Disposal/Recovery Facility I	W D SOUTH I	ANDFILL OHIO		
DESCRIPTION OF WASTE (Must be fi	lled by producer)	•		
Type of Waste: asbestos & was	ter			
(Indicate disposal facility code numbers)			***	-
				-
Bulk Volume: 2000 gallons				•
/				
Containerized Waste:	-			
Physical State (circle): solid liqui	~			
Hazardous Properties (circle):non			ive strong sensitizer	
	air-reactive	other (specify)		
pH (circle): less than 3 grea	iter than 10			
Major Components: (Ex: Hydrochloric agid, lead, lime, crud	te oil)		Concentrations: (Upper	% or ppm) Lower
AS hestras				20001
1.040				
ο I. ! φ (I /= E				
				
3			th face shield	
34Special Handling Instructions (if any):	gloves, goggl	es, hard hat wit	4	
3	gloves, goggl	es, hard hat wit	4	
3	gloves, goggl ousno pl I W D LIQUID W	es, hard hat wit acarding require ASTE INC	ed	
3 4 Special Handling Instructions (if any): DOT Classifications: me of HAULER (print or type): ness address: 3106 Snyder Do	gloves, goggl ousno pl I W D LIQUID W mer Road	es, hard hat wit acarding require ASTE INC Springfield, Ohi	ed .o	
3 4 Special Handling Instructions (if any): DOT Classifications:nonhazard me of HAULER (print or type):ness address:3106SnyderDot	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET)	es, hard hat wit acarding require ASTE INC Springfield, Ohi	o o	
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up:	es, hard hat wit acarding require ASTE INC Springfield, Ohi	o o	
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up:	es, hard hat wit acarding require ASTE INC Springfield, Ohi	o ::_	
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up:	es, hard hat wit acarding require ASTE INC Springfield, Ohi	o ::_	
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up:	es, hard hat wit acarding require ASTE INC Springfield, Ohi	o ::_	
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disputched	es, hard hat with acarding require ASTE INC Springfield, Ohi (CITY)	Times: :	am pm
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the dispute delivery. te was delivered to the	es, hard hat with acarding require ASTE INC Springfield, Ohio Colors and acarding require springfield, and about the springfield and acarding requirements of the springfield and acarding requirements	Times: :	am pm NY AND TITLE above.
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the	es, hard hat with accarding required ASTE INC Springfield, Ohit (CITY) posal facility ramed above the springfield of the springfield of the spring of the s	Times: :: ER OR AUTHORIZED AGE disposal at the site named erly classified, described, pplicable regulations of t	am pm NT AND TITLE above. packaged, marked he Department of
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the dispendedivery. te was delivered to the riffy that the above no dilition for transportation	es, hard hat with accarding required ASTE INC Springfield, Ohit (CITY) posal facility ramed above the springfield of the springfield of the spring of the s	Times: :: ER OR AUTHORIZED AGE disposal at the site named erly classified, described, pplicable regulations of t	am pm NT AND TITLE above. packaged, marked he Department of
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the riffy that the above no	es, hard hat with according required ASTE INC Springfield, Ohio (CITY) and about the spring of the s	Times:	am pm NT AND TITLE above. packaged, marked he Department of
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the trify that the above na dition for transportation	es, hard hat with according required ASTE INC Springfield, Ohio (CITY) and about the spring of the s	Times:	am pm NT AND TITLE above. packaged, marked he Department of
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the riffy that the above na dition for transportation of this manifest after co in by disposer)	es, hard hat with accarding required ASTE INC Springfield, Ohito (CITY) Dosal facility ramed about the spring field of the appropriate of GENERATION of GE	Times:	am pm NT AND TITLE above. packaged, marked he Department of
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the riffy that the above na dition for transportation of this manifest after co in by disposer)	es, hard hat with accarding required ASTE INC Springfield, Ohito (CITY) Dosal facility ramed about the spring field of the appropriate of GENERATION of GE	Times:	am pm NT AND TITLE above. packaged, marked he Department of
3. 4	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the trify that the above na dition for transportation of this manifest after co	es, hard hat with acarding require ASTE INC Springfield, Ohi (CITY) Dosal facility amed above the service of t	Times:	am pm NT AND TITLE above. packaged, marked he Department of
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the trify that the above na dition for transportation of this manifest after co	es, hard hat with acarding require ASTE INC Springfield, Ohi (CITY) Dosal facility amed above the service of t	Times:	am pm NT AND TITLE above. packaged, marked he Department of
3. 4	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the trify that the above na dition for transportation of this manifest after co	es, hard hat with accarding required ASTE INC Springfield, Ohit (CITY) Dosal facility ramed above the spring facility ramed above the spring facility ramed above the spring ramed herein for simed materials are propon according to the appropriate of GENERATION of GENERATION waste to this disposal facility waste to this disposal facility waste to this disposal facility and the spring fac	Times:	am pm NT AND TITLE above. packaged, marked he Department of AGENT AND TITLE PTION portions.
3. 4	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the disp delivery. te was delivered to the riffy that the above na dition for transportation of this manifest after co in by disposer)	es, hard hat with accarding required ASTE INC Springfield, Ohito (CITY) Dosal facility ramed about the proposed facility ramed about the proposed facility ramed berein for imed materials are proposed facility ramed berein for imed materials are proposed facility ramed facility ramed berein for imed materials are proposed facility and the proposed facility ramed	Times:	am pm NT AND TITLE above. packaged, marked he Department of AGENT AND TITLE PTION portions.
3	gloves, goggl ousno pl I W D LIQUID W mer Road (STREET) 46 Pick-up: be delivered to the dispendedivery. te was delivered to the military that the above no dillon for transportation of this manifest after conin by disposer) delivered the described	es, hard hat with accarding require ASTE INC Springfield, Ohi (CITY) cosal facility amed above signature of HAUL hauler named herein for med moterials are propon according to the appearance of GENERATION of GENERAL OF	Times: :: EH OR AUTHORIZED AGE disposal at the site named erly classified, described, pplicable regulations of ti ERATOR OR AUTHORIZED. TOR and WASTE DESCRI	am pm NT AND TITLE above. packaged, marked he Department of AGENT AND TITLE PTION portions.

CHEMTREC 1/800/424-9300

	Minday	
TOMER:	TYPE OF SERVICE TYPE OF LIQUID	
TILAIO MENGAL.	BARRELS L. ACID	
ATION TO THE PARTY OF	HETANK & DESCRIPTION	
国政府的保护 的关系。	OTHER Descoil	
MC DATE 6-6 79	DISPOSAL FACILITY EAUSTIC	
CONTRACTOR IN THE PRINTING AND ADDRESS OF THE PRINCIPAL AND ADDRESS OF THE PRINCIPAL AND ADDRESS OF THE PRINTING AND ADDRESS OF THE PRINCIPAL AND ADDRESS OF THE PRINTING	SYSTECH CYANIDE B	
Y MANY WASHINGS	LANDFILL SO W OLANGE 10.53	
WD/IQUIDYVASTE	1 OTHER COT " - 11-45	
DISPOSAL FACILITY PEPPESENTATIVE	REMARKS:	
A. W.W.	VOLUME 4/12U 2	
TANKAGE TRANSFER:	BARRELS DOT HILL CHES	
GALIONS.	GALLONS 2/00 NOT LISTED	
	GAILON	
TANK NO.:		
INDUSTRIAL WASTE DISPOSAL	6-6-	
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD.	1.W.D. LIQUID WASTE I.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD.	
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, OHIO 45502 DANVILLE, INDIANA 46122 (513) 969-8346 (317) 745-2878	
	DOUS WASTE MANIFEST A 2438	
I. GENERATOR OF WASTE (Must be filled in by pro	oducer)	
Name (print or type): INCHUS MICH	VANIDALIA CH	
Pick up Address: (NO.) (STREET)	ICITY TO A DOCO	
elephone Numbers: 5/3/22/-8/	66 P.O. or Contract No. BLANKET OFOR	
Order Placed By:	Date: 6-6-79	
Type of Industry (SIC No.)	A to the state of	
Designated Disposal/Recovery Facility:	SOUTH LANDFAC DAYION	$\mathcal{O}_{\mathbb{R}}$
DESCRIPTION OF WASTE Must be filled by produ	uper)	
Type of Waste: TSE YOS FH2	<u>U</u>	
(Indicate disposal facility code number	s)	
4.00.00		
2100		
	cubic yards other(specify)	• • • • • • • • • • • • • • • • • • •
Containerized Waste:drums	other	\$
Physical State (circle): solid <u>liquid</u> sludg	e other(specify)	
Hazardous Properties (circle): none toxic	c flammable water-reactive strong sensitizer corrosive or irritar	nt 🕺
air-r	eactive other(specify)	
pH (circle): less than 3 greater than 10		
Major Components: (Ex: Hydrochtoric acid_lead, lime, crude oil)	Concentrations: (% or ppm) Upper Lower	
ASSESTAC'		
1110750		
		ž.
· · · · · · · · · · · · · · · · · · ·		•
OT Classifications: NOT ALSTED		
Name of HAULER (printed type): 3106	SUYDER-DOMER P.D. SPRINTEDO	
Business address: 100 2	OUN WASTE	
(NO.) (STREET)	(CITY) / / 70 //30 m	
Telephone Number: 5/5/ 969 8746	Pick-up:Times: 6 6 19: // 2 am pm	
Waste Hauler's Permit No. (if applicable):		
We certify that the described waste will be delivered	to the disposal facility named above	
The HALLED shall entering Course C. Co., N. C.	X and fact	
The HAULER shall retain Copy 3 after delivery. We certify that the above described waste was delive	SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE red to the hauler named herein for disposal at the site named above.	
	above named materials are properly classified, described, packaged, marked	
nd labelled and are in proper condition for tre	ansportation according to the applicable regulations of the Department of	
fansportation. 6-6-79	1/4. Thomas	
The GENERATOR shall retain Copy 2 of this manife	SIGNATURE OF GENERATOR OF AUTHORIZED AGENT AND TITLE	
The GENERATOR shall retain Copy 2 of this manife I. DISPOSER OF WASTE (Must be filled in by dispose	est after completing the GENERATOR and WASTE DESCRIPTION portions.	
•		
We certify that the hauler named above delivered the		
Permit No		
Volume measured at site (if and inchis).		

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify limit location:

LL OF LADING	W.D. LIQUIC	WASTE I	NC.	17422	
OMER:		NOTE OF SERVICE	1) TYPE OF		
4 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19		LL JARRES	ACII		が、 ・ ・
72		L TANK		VENT	
A CONTRACTOR	ZPAPICA COLUM	DISPOSAL FACILITY			
10-3/00/	DATE: /3-5-74	LW.D.	LJCAU		
Chsighok kerkesenia		SYSTECH		NIDE	
W.D. LIQUID WASTE:		[LANDFILL	OTH	ER	
Kin is I 1	histo.	OTHER	PEMARKS	11. FTEK E	
SPOSAL FACILITY REPRES	NTATIVE:		9.4		
Kois	all	VOLUME	100		
ANKAGE TRANSFER:		BARRELS	CIT10.3	ا د	
GALLONS:		GALLONS 2000	NON-HAZ	-1.200 M 15 "	
IANK NO.:					
INDUSTRIA	AL WASTE DISPOSAL	∏ I,W.D. LIQU	ID WASTE	TI.W.D. CHEMI	CAL DISPOSAL
MAIN OFFIC	E: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	ZBZZZZZO SNYDER-D SPRINGFIELD, C		133 TWIN BRIDGE DANVILLE, INDIAI	
	(513) 278-0821	(513) 969-8346		(317) 745-2878	
	HAZAR	DOUS WASTE MAN	NIFEST		A 2399
	E (Must be filled in by pro				
Fno	INLAND MANUFACTURI le Road,,,,	ING Vandalia	, Ohio		
ck up Address: (NO.			(CITY)		
Telephone Numbers: 22	7 8303	P. O. or C	ontract No.		
Order Placed By: star			Date:	june 5 1979	
Type of Industry (SIC No	o.)				
Designated Disposal/Reco	overy Facility: I W D S	SOUTH LANDFILL,	KETTERING OH		
DESCRIPTION OF WAS	TE (Must be filled by produ :os/water	icer)			
Bulk Volume: 2000 Containerized Waste:	gallons tons	cubic y			
Physical State (circle):					
Hazardous Properties (cir				trong sensitizer	
	air-re	eactive other(s	pecify)		
pH (circle): less tha	n 3 greater than 10				
Major Components:				Concentrations:	
(Ex: Hydrochloric acid,	λ			Jpper	Lower
2. WATER	~ '				
•					
4.					
Special Handling Instruct	ons (if any): gloves	, gogles, hard	hat with face	e shield,	
DOT Classifications:	non hazardous				
Name of HAULER (print	or type): I W D LIQ Snyder Domer Road,	UID WASTE INC	hio 45502		
Business address: 3106	(STREET)	, opingitore, o	(CITY)		
,	13 969 8346	Pick-up:	,	<u> </u>	am pm
•	. (if applicable):				···
	bed waste will be delivered		named aboye,		_
		Δu	n 2. h	loodham	
The HAULER shall retain	• •	1 ~	E OF HAULER OR		
•	described waste was deliver : This is to certify that the				
and labelled and are i	n proper condition for tra	insportation according	to the applicable	regulations of t	packayea, marked he Department of
Transportation. 6-5	.79	Ma	Middle	titler	
DATE The GENERATOR shall r	etain Copy 2 of this manife	1	E OF GENERATOR I		
	Must be filled in by dispose		SEITENATUR and	MASTE DESCRI	FILEN PORTIONS.
	widst be filled in by dispose				
	named above delivered the		disposal facility.	-	1
Permit No.					

Volume measured at site (if applicable): ____

Treatment or Recovery Process (circle): Treatment Spreading Area SUF Area Other (specify):

House is to be held for disposal elsewhere, specify final location:

I.W.D. LIQUIL	U WASIE ING. 17416
OME	TYPE OF SERVICE TYPE OF LIQUID ACIDACID
CAYON	TANK SOLVENT
VANDALIA OHIO	OTHER OIL OIL
NO.1 DATE: 6-7-79 CONSIGNOR REPRESENTATIVE:	L.W.D. CAUSTIC
W. Thomas	STECH OTHER
W.D. MOUND WASTE,	OTHER PASSIFIED
BPOSALEACRITY REPRESENTATIVE:	Not CLASSIFIED &
TANKAGE TRANSFER:	VOLUME IN 1:15
GALLONS:	GALLONS 2000 OUT 2'10
TANK NO.:	
	1
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821	3106 SNYDER-DOMER RD. SPRINGFIELD, OHIO 45502 (513) 969-8346 I.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD. DANVILLE, INDIANA 46122 (317) 745-2878
• • • • • • • • • • • • • • • • • • • •	DOUS WASTE MANIFEST A 2383
GENERATOR OF WASTE (Must be filled in by pro 'ame (print or type): Inland Manufactu	
k up Address: Engle Road,	Vandalia, Ohio 45377
(NO.) (STREET) Telephone Numbers: 227 8166	(CITY) P. O. or Contract No. Blanket
Order Placed By: Jerry Cox	
Type of Industry (SIC No.)	
	SHEMIKANAN KERINGENEKHIXMHXXANNIX Kettering
DESCRIPTION OF WASTE (Must be filled by produ	JCer)
Type of Waste: [Indicate disposal facility code numbers	s)
	A CONTRACTOR OF THE CONTRACTOR
Bulk Volume: 2000 gallonstons.	cubic yardsother(specify)
Containerized Waste:drums	
Physical State (circle): solid liquid sludge	e other(specify)
Hazardous Properties (circle): none toxic	c flammable water-reactive strong sensitizer corrosive or irritan
pH (circle): less than 3 greater than 10	
Major Components: (Ex: Hydrochloric acid, lead, lime, crude oil)	Concentrations: (% or ppm) Upper Lower
1 1/4	
3	
4	V 5
ecial Handling Instructions (if any): 1000	
DOT Classifications.	no placarding required
Halle of Thocert (print of type):	QUID WASTE INC
Business address: 3106 Spyder Domer Ro (NO.) (STREET)	oad, Springfield, Ohio (CITY)
Telephone Number: 1 513 969 8346	Pick-up: Times: :pm
Waste Hauler's Permit No. (if applicable):	/
We certify that the described waste will be delivered	to the disposal facility pamed above.
The HAULER shall retain Copy 3 after delivery.	SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE
•	ered to the haver named herein for disposal at the site named above.
	e above named materials are properly classified, described, packaged, marked ansportation according to the applicable regulations of the Department of
DATE	SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE
-	est after completing the GENERATOR and WASTE DESCRIPTION portions.
I. DISPOSER OF WASTE (Must be filled in by dispose	
Name (print or type):	
Site Address:	

We certify that the hauler named above delivered the described waste to this disposal facility.

Volume measured at site (if applicable):

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

BILL OF LADING I.W.D. LIQUID WASIE INC. 1413
TOMER: TYPE OF SERVICE TYPE OF LIQUID
BARRELS
LOCATION: SOLVENT
TRICK A DISPOSAL FACILITY OIL
NO.: 601 DATE: 5-3/-79 LIV.D. CAUSTIC
CONSIGNOR REPRESSIONATIVE:
CW.D. LINGTON WASTE:
OTHER
DISPOSAL FACILITY REPRESENTATIVE:
TANKAGETRANSFER: BARRELS WALL IN 10.20 TANKAGETRANSFER: BARRELS WALL FINE 1.10 1.K
TANKAGETRANSFER: BARRELS LAT FIME 1.10 hk
GALLONS: GALLONS 2000 Cuit 11:45
TANK NO.:
5-7-79
INDUSTRIAL WASTE DISPOSAL XXXXXXXV.D. LIQUID WASTE I.W.D. CHEMICAL DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD. Jayton, Ohio 45414 SPRINGFIELD, OHIO 45502 DAYYOLE, INDIANA 46122
(513) 278-0821 (513) 969-8346 (317) 745-2878
HAZARDOUS WASTE MANIFEST A 2362
GENERATOR OF WASTE (Must be filled in by producer)
Name (print or type): INLAND MANUFACTURING
ck up Address: Engle Road, Vandalia, Ohio 45377 (NO.) (STREET) (CITY)
Telephone Numbers: 1 227 8303 P. O. or Contract No. Blanket order
Order Placed By: standing order Date:
Type of Industry (SIC No.)
Designated Disposal/Recovery Facility: I W D South Landfill Kettering, Ohio
DESCRIPTION OF WASTE (Must be filled by producer)
Type of Waste:asbestos/wartex_water
(marcase pishosar racinity code indurers)
Bulk Volume:gallonstonscubic yardsother(specify)
Containerized Waste: drums pallets other
Physical State (circle): solid liquid sludge other(specify)
Hazardous Properties (circle): none toxic flammable water-reactive strong sensitizer corrosive or irritant
air-reactive other(specify)
pH (circle): less than 3 greater than 10
Major Components: Concentrations: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil) 1
2. 1.1-fek
3
Decial Handling Instructions (if any): gloves, hard hat with face shield, goggles,
DOT Classifications: non hazardous,
Name of HAULER (print or type): I W D LIQUID WASTE INC
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502 (NO.) (STREET) (CITY)
Telephone Number: Pick-up: Times: : pm
Waste Hauler's Permit No. (if applicable):
We certify that the described waste will be delivered to the disposal facility named above.
Section to the section
The HAULER shall retain Copy 3 after delivery. SIGNATURE OF HAULER OR AUTHORIZED AGENT AND TITLE
Ve certify that the above described waste was delivered to the hauler named herein for disposal at the site named above. HIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked
and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
Africa X. Copyel
DATE SIGNATURE OF GENERATOR OR AUTHORIZED AGENT AND TITLE The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE DESCRIPTION portions.
II. DISPOSER OF WASTE (Must be filled in by disposer)
Name (print or type):

We certify that the hauler named above delivered the described waste to this disposal facility.

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

Permit No.____

Volume measured at site (if applicable):

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	OTHER	SOLVENT	
	DISPOSAL FACILITY	LlOIL	
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(513) 278-0821	(513) 969-8346		
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DISPOSAL FACILITY

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	DUSTRIAL WASTE DISPOSAL IN OFFICE: 3975 WAGONER FORD RD.	XXXI.W.D. LIQU		CHEMICAL DISPOSAL BRIDGES RD.
(WD)	DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, C (513) 969-8346	OHIO 45502 DANVILLE, (317) 745-	INDIANA 46122
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OCAUTE A TOP OF		DOUS WASTE MAI	VIFEST	A 2319
	F WASTE (Must be filled in by pro- pe): INLAND MANUFACTURING			
Pick up Address:	THAT T BOLD	VANDALIA	. OHIO 45377	
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If waste is to be held for disposal elsewhere, specify final location:

Disposal Date:

DISPOSAL FACILITY STOCKALLED OF DISPOSED OF ALTHORYTO ACENT AND THE

"ISTOMER:	TYPE OF SERVICE	TYPE OF LIQUID
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ONSIGNOR REPRESENTATIVE:	LW.D.	CYANIDE
	SYSTECH	OTHER
.W.D.ZIQUID WASTE,	LANDFILL	At land to the
Ally & Wood for	OTHER	REMARKS:
SPOSAL FACILITY REPRESENTATIVE:		Not Chesting 3
Lais Holl	VOLUME	
ANKÁGE TRANSFER:	BARRELS	14 325 10
GALLONS:	GALLONS 222	201 405 PM
TANK NO.:		

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(IW	D)
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INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD.

W.D. LIQUID WASTE

I.W.D. CHEMICAL DISPOSAL 133 TWIN BRIDGES RD.

IWD	DAYTON, OHIO 45414 (513) 278-0821	•	SPRINGFIELD, OHIO 4 (513) 969-8346	5502	DANVILLE, INDI. (317) 745-2878	ANA 46122	
	HAZ	ZARDOUS	VASTE MANIFE	ST		Д	2482
GENERATOR OF W	ASTE (Must be filled in by	y producer)					2402
Name (print or type)		TURING					
rick up Address:	Engle Road		Vandalia, Oh				
	(NO.) (STREET)			CITY)	anket Order		
			P. O. or Contrac			1.2	
Order Placed By:	Standing order			Date:	10 171	: /	
Type of Industry (SI	C No.) /// 0				0) ! -	·	
Designated Disposal/	Recovery Facility:	W D SOU	TH LANDFILL,	Dayton	, Unio		
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	bestos, waxx wat						
(111)	dicate disposal facility code nur	moers/					
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Containerized Waste:	dru						
Physical State (circle)	: solid figuid s	sludge other	(specify)				
Hazardous Properties	(circle): none	toxic fla	ammable water	reactive	strong sensitizer	corros	ive or irritan
		air-reactive	other (specify	/)			
pH (circle): less	than 3 greater than	10					
Major Components:	cid, lead, lime, crude oil)				Concentrations Upper	: (% or ppn Lov	
,							
2 (1) 71							
							· · · · · · · · · · · · · · · · · · ·
	ructions (if any):						
Special Handling this	ructions (if any).	/ · 					
OT Classifications	non hazardous-		no placardi	ing requ	ired		
	print or type): I W D					.,	
7	B106 Snyder Domer	Road, S	pringfield, O	nio 455	02		
business address:	(NO.) ISTRE			CITY)			
Telephone Number:	1 513 969 8346	Pick-up:		Times:			am pm
Waste Hauler's Permi	t No. (if applicable):						
	escribed waste will be deliv			l above ,	. 1 ./	7	
			Jun	L	(love V	? ? :::t	
The HAULER shall re	etain Copy 3 after delivery.		SIGNATURE OF	HAULER OF	AUTHORIZED AC	ENT AND	TITLE
We certify that the al	bove described waste was d	elivered to the	hauler named herei	n for dispos	al at the site name	ed above.	
nd labelled and a	TION: This is to certify that re in proper condition fo	or transportati	on according to th	e applicabl	e regulations of	the Depa	rtment of
ransportation.	18-79		Mille	dele	Cellus ROR AUTHORIZED		
DATE			- <i>f</i>				
	nall retain Copy 2 of this m		ompleting the GENE	RATOR an	d WASTE DESCR	RIPTION p	ortions.
	TE (Must be filled in by dis	•					
					<u></u>		
							
·	auler named above delivered		,	sal facility.			
Permit No.							
	site (if applicable):		• /				
Treatment or Recove	ry Process (circle): Treat	ment (Sprea	ading Area SEF A	rea Othe	r (specify):		
If waste is to	be held for disposal elsewh	nere, specif y f i	nal location:	1 .	Hall		
Disposal Date:			.5.	(11-	Nat K-		

BILL OF LADING I.W.D. L	IQUID WASTE	INC. 17444
MER.	TYPE OF SERVICE	TYPE OF LIQUID
INVARIOUS TO THE	BARRELS .	ACID
LOCATION:	TANK DI-TANK	SOLVENT
UMWUALIA, CHIO	OTHER	Don
TRUCK* NO.: /// DATE: /-/	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	<u> </u>	CYANIDE
	SYSTECH	OTHER OF STATE OF STA
I.W.D. LIQUID WASTE:	LANDFILL	11/10/2010
	OTHER	1 11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISPOSAL FACILITY REPRESENTATIVE:		REMARKS:
Lais Wall	VOLUME	7. 2.4
TANKAGE TRANSFER:	BARRELS	
GALLONS	GALLONS - 72	<u> 」ついたプラクート </u>
TANK NO.:		
	·	
		16 G
INDUSTRIAL WASTE DI	XXXXXX	UID WASTE I.W.D. CHEMICAL DISPOSAL DOMER RD. 133 TWIN BRIDGES RD.
DAYTON, OHI	O 45414 SPRINGFIELD,	OHIO 45502 DANVILLE, INDIANA 46122
(513) 278-082	1 (513) 969-834	6 (317) 745-2878
	HAZARDOUS WASTE MA	ANIFEST A 249
I. GENERATOR OF WASTE (Must be fill	ed in by producer) ANUFACTURING	
me (print or type):		ia, Ohio 45377
ck up Address: Engle Road (NO.) (S	TREET)	(CITY)
Telephone Numbers: 227 8166		Contract No. Blanket Order
etandina ard		
Order Flaced by		Date:
Type of Industry (SIC No.)	IWD South Landfill.	Kettering, Ohio
Designated Disposal/Recovery Facility:		
DESCRIPTION OF WASTE (Must be fill		
Type of Waste: <u>asbestos & wate</u> (Indicate disposal facility		
Dana		
-		yards other(specify)
Containerized Waste:	3	pallets other
Physical State (circle): solid (liquin	≺	
Hazardous Properties (circle): noñe		water-reactive strong sensitizer corrosive or irr
	air-reactive other	(specify)
pH (circle): less than 3 great	er than 10	
Major Components: (Ex: Hydrochloric acid, lead, lime, crud	ا انم م	Concentrations: (% or ppm) Upper Lower
de harton		•••
1 1 4 5 >		
		· · · · · · · · · · · · · · · · · · ·
pecial Handling Instructions (if any):	NONE	
Don horondo		
		quired
Name of HAULER (print or type): I W		
Business address: 3106 Snyder D	Oomer Rd Springfi (STREET)	eld, Ohio 45502
Telephone Number: 1 513 969 834	6 Pick-up:	Times::pn
Waste Hauler's Permit No. (if applicable)		
We certify that the described waste will be		
sortiny that the described waste will t	22 25vo. do the disposal facility	J. Carllan
The HAULER shall retain Copy 3 after d	elivery. SIGNATU	THE OF HAULER OR AUTHORIZED AGENT AND TITLE
, ,		d herein for disposal at the site named above.
SHIPPER'S CERTIFICATION: This is to cert	ify that the above named materia	als are properly classified, described, packaged, market
Transportation.	. // .	g to the applicable regulations of the Department o
6-16-79	Du	HE OF GENERATOR OR AUTHORIZED AGENT AND TITLE
2.112	GAIGNATU	RE OF GENERATOR OR AUTHORIZED AGENT AND TITLE e GENERATOR and WASTE DESCRIPTION portions.
I. DISPOSER OF WASTE (Must be filled in	•	C SERVING ON AND WAS TE DESCRIPTION PORTIONS.
Name (print or type):		

We certify that the hauler named above delivered the described waste to this disposal facility.

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

Permit No.______

Volume measured at site (if applicable): ____

I.W.D. LIQUIL	WASIE	INU. 11	443
MER.	TYPE OF SERVICE	TYPE OF LIQUIC	
_////AD	BARRELS	LLACID	
LOCATION	LE TANK	SOLVENT.	
TRUCK	OTHER DISPOSAL FACILITY	<u> </u>	
NO. 601 DATE: 6-15-79	☐ I.W.D.	CAUSTIC .	
CONSIGNOR REPRESENTATIVE:	Systech	CYANIDE .	DIS
I.W.D. JIGUID WASTE.	LANDFILL	OTHER	DISPOSAL COPY
Alver & Souther	OTHER	REMARKS:	
DISPOSAL FACILITY REPRESENTATIVE:		Nht Chail	7:0 3
TANKAGE TRANSFER:	VOLUME	10 847	
	BARRELS	70:00	
GALLONS:	GALLONS ACTOCAL	011 130	
TANK NO.:			
		<u> </u>	
INDUSTRIAL WASTE DISPOSAL	XXXXX.W.D. LIQL	IID WASTE - I W	D. CHEMICAL DISPOSAL
MAIN OFFICE: 3975 WAGONER FORD RD.	3106 SNYDER	DOMER RD. 133 1	WIN BRIDGES RD.
DAYTON, OHIO 45414 (513) 278-0821	SPRINGFIELD, ((513) 969-8346		/ILLE, INDIANA 46122 745-2878
HAZAR	DOUS WASTE MA	NIFEST	A 2471
I. GENERATOR OF WASTE (Must be filled in by pro			A 4411
Name (print or type):MANUFACTU		1. 01.1. /5277	
:k up Address: Engle Road, (NO.) (STREET)	Vanda	lia, Ohio 45377	
(NO.) (STREET) Telephone Numbers: 1 513 969 8346	P. O. or C	(CITY) Blanke	et Order
Order Placed By: KXXXXXXXXX Virgil/	1 . 0 . 0 .	Date: Fric	lay
Type of Industry (SIC No.)			
Designated Disposal/Recovery Facility:IW_D_	South Landfill	, Kettering, O	1
DESCRIPTION OF WASTE (Must be filled by produ	cer)		
Type of Waste: XXX/water & Asbestos			
(Indicate disposal facility code numbers)		
Bulk Volume: 2000 gallons tons			
		vardsotr	
Physical State (circle): solid (liquid) sludge	,	Janets	
Hazardous Properties (circle): none toxic		water-reactive strong s	
air-re	active other(specify)	
pH (circle): less than 3 greater than 10			
Major Components:			entrations: (% or ppm)
(Ex: Hydrochloric acid, lead, time, crude oil)		Upper	Lower
2 WATER			
3.			
4			
Special Handling Instructions (if any): NonE	•		
DOT Classifications: <u>non hazardous</u>			
Name of HAULER (print or type): I W D LIQI Business address: 3106 Snyder Domer Road,	JID WASTE INC Springfield.	Ohio 45502	
Business address: (NO.) (STREET)	, , ,	(CITY)	
Telephone Number: 1 513969 8346	Pick-up:	Times:	am ;pm
Waste Hauler's Permit No. (if applicable):			
We certify that the described waste will be delivered to	to the disposal facility	named above.	111
The HALLES shall retain Copy 2 ofter delivery		RE OF/HAUTER OR AUTHO	RIZED AGENT AND TITLE
The HAULER shall retain Copy 3 after delivery. We certify that the above described waste was deliver	/	$\overline{}$	
SHIPPER'S CERTIFICATION: This is to certify that the	above named materja	ls are properly classified,	described, packaged, marked
and labelled and are in proper condition for tra	nsportation according	to the applicable regul	ations of the Department of
6-15-79 DATE	SIGNATUE	Wed aller too	THORIZED AGENT AND TITLE
The GENERATOR shall retain Copy 2 of this manifes			
II. DISPOSER OF WASTE (Must be filled in by dispose	r)		
Name (print or type):			
Site Address:			
We certify that the hauler named above delivered the	described waste to this	disposal facility.	

Treatment or Recovery Process (circle): Treatment Spreading Area SLF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final total tot

Volume measured at site (if applicable):_

CUSTOMER:	TYPE OF SERVICE	TYPE OF LIQUID	Ì
- Jando	BARRELS	ACID	
710)	TANK 1	SOLVENT	
VANDALIF, ONIO	OTHER	Doil	1
TRUCK NO. LOCAL DATE: 6-11-79	DISPOSAL FACILITY	CAUSTIC	
CONSIGNOR REPRESENTATIVE:	— ☐ I.W.D.	CYANIDE	0
LWB HORID-WASTE	LANDFILL	OTHER	Š
	OTHER	Aslastes And water	SALC
DISPOSAL FACILITY REPRESENTATIVE	1	REMARKS:	COPY
Lois Wall	VOLUME		
TANKAGE TRANSFER:	BARRELS	out 275	
GALLONS:	GALLONS TOTAL		
TANK NO.:	1		

INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (513) 278-0821 DAYTON OHIO 45414 (513) 969-8346	DOMER RD. 133 TWIN BRI OHIO 45502 DANVILLE, INI	DIANA 46122
HAZARDOUS WASTE MA	NIFEST	A 5738
GENERATOR OF WASTE (Must be filled in by producer) INLAND MANUFACTURING Name (print or type):		
oick up Address: Engle Road,Vandalia	, Ohio 45377	
(NO.) (STREET)	(CITY)	
Jephone Numbers:P. O. or C		
Order Placed By: Stanking order	Date:	<i></i>
Type of Industry (SIC No.) Designated Disposal/Recovery Facility: IWD south landfill	Kettering, OH	
	reccerring, on	
DESCRIPTION OF WASTE (Must be filled by producer) Type of Waste:asbestos/water		
(Indicate disposal facility code numbers)		
Bulk Volume gallons tons cubic y	vanda	6. 1
•	yards other (spec	
Physical State (circle): solid liquid sludge other(specify)	Pariets	otner
	water-reactive strong sensitize	corrosive or irritant
	specify)	
pH (circle): less than 3 greater than 10	, , , , , , , , , , , , , , , , , , , ,	
Major Components:	Concentration	s: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)	Upper	Lower
2 WATER		**************************************
*		
3		
4.		
4.		
4Special Handling Instructions (if any):		
4 Special Handling Instructions (if any):		
9. Special Handling Instructions (if any): None OT Classifications: non hazardousno placarding ame of HAULER (print or type): I W D LIQUID WASTE INC	required	
OT Classifications:non_hazardousno_placarding ame of HAULER (print or type):I W D LIQUID WASTE INC	required	
OT Classifications:non_hazardousno_placardingame of HAULER (print or type): I W D LIQUID WASTE INC_ Business address:(NO.) (STREET)	required field, Oh (CITY)	
OT Classifications:non_hazardousno_placarding ame of HAULER (print or type):I W D LIQUID WASTE INC Business address:(NO.) (STREET) Telephone Number:1 513 969 8346Pick-up:	required field, Oh (CITY)	
OT Classifications:non_hazardousno_placarding ame of HAULER (print or type): I W D LIQUID WASTE INC Business address:(NO.)	required field, Oh (CITY) Times:	
Special Handling Instructions (if any): NONE OT Classifications: non hazardousno placarding ame of HAULER (print or type): I W D LIQUID WASTE INC 3106 Snyder Domer Rd Spring (NO.) (STREET) Telephone Number: 1 513 969 8346 Pick-up: Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility.	required field, Oh (CITY) Times:	am pm
Special Handling Instructions (if any): NONE OT Classifications: non hazardousno placarding ame of HAULER (print or type): I W D LIQUID WASTE INC 3106 Snyder Domer Rd Spring (NO.) (STREET) Telephone Number: 1 513 969 8346 Pick-up: Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility.	required field, Oh (CITY) Times: particle above. J	am pm
A	required field, Oh (CITY) Times: permed above. ME OF HAULER OR AUTHORIZED A d herein for disposal at the site nar uls are properly classified, describe	am pm 7 GENT AND TITLE ned above. Ind., packaged, marked
Special Handling Instructions (if any): NONC OT Classifications: non hazardousno placarding wame of HAULER (print or type): I W D LIQUID WASTE INC Business address: 3106 Snyder Domer Rd Spring (NO.) (STREET) Telephone Number: 1 513 969 8346 Pick-up: Waste Hauler's Permit No. (if applicable): Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility. We certify that the above described waste was delivered to the hauler names SHIPPER'S CERTIFICATION: This is to certify that the above named materia and labelled and are in proper condition for transportation.	required field, Oh (CITY) Times: permed above. MALE OF AUTHORIZED A d herein for disposal at the site nar uls are properly classified, describle p to the applicable, regulations	GENT AND TITLE ned above. id, packaged, marked if the Department of
OT Classifications:non_hazardousno_placarding January of HAULER (print or type):I W D LIQUID WASTE INC Susiness address:(NO.1	required field, Oh (CITY) Times:	GENT AND TITLE ned above. If the Department of
pecial Handling Instructions (if any): OT Classifications: non hazardousno placarding name of HAULER (print or type): I W D LIQUID WASTE INC Susiness address: (NO.) (STREET) Telephone Number: I 513 969 8346 Pick-up: We certify that the described waste will be delivered to the disposal facility The HAULER shall retain Copy 2 after delivery. We certify that the above described waste was delivered to the hauler names SHIPPER'S CERTIFICATION: This is to certify that the above named materia and labelled and are in proper condition for transportation. DATE The GENERATOR shall retain Copy 4 of this manifest after completing the	required field, Oh (CITY) Times:	GENT AND TITLE ned above. If the Department of
OT Classifications:non_hazardousno_placarding Jame of HAULER (print or type): I W D LIQUID WASTE INC Business address:106 Snyder Domer Rd Spring (NO.) (STREET) Telephone Number: 1 513 969 8346 Pick-up: Waste Hauler's Permit No. (if applicable): We certify that the described waste will be delivered to the disposal facility The HAULER shall retain Copy 2 after delivery Signature We certify that the above described waste was delivered to the hauler named shipper's Certification. This is to certify that the above named material and labelled and are in proper condition for transportation according ransportation. DATE	required field, Oh (CITY) Times: Pedmed above. ALL DOUBLE OF AUTHORIZED A d herein for disposal at the site nar als are properly classified, describ- p to the applicable regulations of	GENT AND TITLE ned above. id, packaged, marked if the Department of EDAGENT AND TITLE CRIPTION portions.
Special Handling Instructions (if any):	required field, Oh (CITY) Times: Pedined above. ME OF HAULER OR AUTHORIZED A d herein for disposal at the site nar als are properly classified, describe to the applicable, regulations to the GENERATOR OR AUTHORIZE E GENERATOR and WASTE DESC	am pm GENT AND TITLE ned above. id, packaged, marked if the Department of EDAGENT AND TITLE CRIPTION portions.
Special Handling Instructions (if any):	required field, Oh (CITY) Times: Defined above. MACOFHAULER OR AUTHORIZED A d herein for disposal at the site nat alls are properly classified, describ- p to the applicable regulations of AE OF GENERATOR OR AUTHORIZE E GENERATOR and WASTE DESC	am pm GENT AND TITLE ned above. id, packaged, marked if the Department of EDAGENT AND TITLE CRIPTION portions.
Special Handling Instructions (if any):	required field, Oh (CITY) Times: Defined above. MACOFHAULER OR AUTHORIZED A d herein for disposal at the site nat alls are properly classified, describ- p to the applicable regulations of AE OF GENERATOR OR AUTHORIZE E GENERATOR and WASTE DESC	GENT AND TITLE ned above. id, packaged, marked if the Department of EDAGENT AND TITLE CRIPTION portions.
Special Handling Instructions (if any):	required field, Oh (CITY) Times: Pelmed above. ALL DOUBLE OF AUTHORIZED A d herein for disposal at the site nar als are properly classified, describ- p to the applicable regulations of RE OF GENERATOR OR AUTHORIZE E GENERATOR and WASTE DESC	GENT AND TITLE ned above. id, packaged, marked if the Department of EDAGENT AND TITLE CRIPTION portions.
Special Handling Instructions (if any):	required field, Oh (CITY) Times:	GENT AND TITLE ned above. id, packaged, marked if the Department of EDAGENT AND TITLE CRIPTION portions.
Special Handling Instructions (if any):	required field, Oh (CITY) Times:	am pm GENT AND TITLE ned above. Id, packaged, marked if the Department of ED AGENT AND TITLE CRIPTION portions.

HIIIDI EIKUIE		11460	۹
TANKAGE TRANSFER: GALLONS: TANK NO:	TYPE OF SERVICE BARRELS TANK OTHER DISPOSAL FACRITY I.W.D. SYSTECH LANDFILL OTHER VOLUME BARRELS GALLONS	TYPE OF LIQUID ACID SOLVENT CAUSTIC CYANIDE OTHER NON-HAZ-12-17 REMARKS NON-HAZ-17-17	DISPOSAL COPY
INDUSTRIAL WASTE DISPOSAL MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414 (E13) 379 0931	XXXXX.W.D. LIQU 3106 SNYDER-D SPRINGFIELD, C	OMER RD. 133 TWIN BRID OHIO 45502 DANVILLE, IND	IANA 46122

I.W.D. CYANIDE SYSTECH OTHER OTHER I.W.D. FIQUID WASTE, OTHER OTHER I.W.D. SYSTECH OTHER I.W.D. OTHER OTHER I.W.D. OTHER OTHER I.W.D. OTHER OTHER I.W.D. OTHER I.W.	DISPOSAL COPY
MAIN OFFICE: 3975 WAGONER FORD RD. 3106 SNYDER-DOMER RD. 133 TWI	CHEMICAL DISPOSAL IN BRIDGES RD. LE, INDIANA 46122 15-2878
HAZARDOUS WASTE MANIFEST	7 9499
. GENERATOR OF WASTE (Must be filled in by producer)	A 2423
Name (print or type):INLAND_MANUFACTURING	
Pick up Address: Engle Road, Vandalia, Ohio 45377	
(NO.) (STREET) (CITY) 227 8303	A 0-1
elephone Numbers: 227 8303 P. O. or Contract No. Blanket	$\frac{t \text{ order}}{8.79}$
Order Placed By: standing order Date: 10 7	<u> </u>
Type of Industry (SIC No.) / / / Signated Disposal/Recovery Facility: IWD South Landfill, Kettering, Oh	
Designated Disposarritocovery Function.	
DESCRIPTION OF WASTE (Must be filled by producer)	
Type of Waste: Asbestos/water (Indicate disposal facility code numbers)	
7000	
Bulk Volume: 2000 gallons tons cubic yards other	
Containerized Waste:drumspallets	other
Physical State (circle): solid liquid sludge other(specify)	
Hazardous Properties (circle): none toxic flammable water-reactive strong sens	
air-reactive other(specify)	-
pH (circle): less than 3 greater than 10	
(Ex: Hydrochloric acid, lead, lime, crude oil) Upper	rations: (% or ppm) Lower
4.7	
2. LURIEK	
3	
4.	
Special Handling Instructions (if any):	
non herendous	
OT Classifications: non hazardousno placarding required	
Name of HAULER (print or type): I W D LIQUID WASTE INC	
Business address: 3106 Snyder Domer Road, Springfield, Ohio 45502 (NO.) (STREET) (CITY)	
Telephone Number: 1 513 959 8346 Pick-up:Times:	am :pm
Waste Hauler's Permit No. (if applicable):	
We certify that the described waste will be delivered to the disposal facility named above.	11.
The HAULER shall retain Copy 3 after delivery.	ZED AGENT AND TITLE
We certify that the above described waste was delivered to the hauler named herein for disposal at the sit	te named above.
SHIPPER'S CERTIFICATION: This is to certify that the above named materials are properly classified, defined labelled and are in proper condition for transportation according to the applicable regulation.	
10-X-71 Mil ad Batell	7
DATE SIGNATURE OF GENERATOR OR AUTHO	
The GENERATOR shall retain Copy 2 of this manifest after completing the GENERATOR and WASTE I. DISPOSER OF WASTE (Must be filled in by disposer)	DESCRIPTION PORTIONS.
Name (print or type):	
the second secon	

We certify that the hauler named above delivered the described waste to this disposal facility. Volume measured at site (if applicable): Treatment or Recovery Process (circle): Treatment Spreading Area SVF Area Other (specify):

If waste is to be held for disposal elsewhere, specify final location: 1. N. 11

, HITIDI EIKOIE	, ,,,,,,	11460
STOMER:	TYPE OF SERVICE	TYPE OF LIQUID
	BARRELS	C ACID
Visit Ono	OTHER	SOLVENT
TRUCK SALE L-2-79	DISPOSAL FACILITY	CAUSTIC
CONSIGNOR REPRESENTATIVE:	L.W.D.	CYANIDE
	SYSTECH	OTHER / S
LW.D. LIQUID WASTE,	ANDFILL OTHER	A- Kerter lighter \$
DISPOSAL FACILITY REPRESENTATIVE	П∗Оінек	OTHER STOOM
Joes Hall	VOLUME	1, 2:49
TANKAGE TRANSFER:	BARRELS	12 to 20 11
GALLONS:	GALLONS 2	
TANK NO.		<u> </u>
		<u> </u>
	-	6-7-73
INDUSTRIAL WASTE DISPOSAL	I.W.D. LIQU	
MAIN OFFICE: 3975 WAGONER FORD RD. DAYTON, OHIO 45414	3106 SNYDER-I SPRINGFIELD, G	OHIO 45502 DANVILLE, INDIANA 46122
(513) 278-0821	(513) 969-8346	(317) 745-2878
HAZAR	DOUS WASTE MA	NIFEST A 2457
1. GENERATOR OF WASTE (Must be filled in by pro	ducer)	
Name (print or type):	RD. IA	10100110
ck up Address:	NO. VII	(CITY)
Telephone Numbers:	P. O. or C	Contract No.
Order Placed By: $DEDT830$		Date:
Type of Industry (SIC No.)		
Designated Disposal/Recovery Facility: W	D South	LANDFILL
DESCRIPTION OF WASTE (Must be filled by produ	cer)	
Type of Waste: 1505 05 07 07 07 07 07 07 07 07 07 07 07 07 07	<u> </u>	
Bulk Volume 2000 gallons tons	cubics	yardsother(specify)
		palletsother
Hazardous Properties (circle): none toxic	flammable	water-reactive strong sensitizer corrosive or irritant
air-re	active other (specify)
pH (circle): less than 3 greater than 10		
Major Components:		Concentrations: (% or ppm)
(Ex: Hydrochloric acid, lead, lime, crude oil)		Upper Lower
2 WATER		
3		
4		
Special Handling Instructions (if any): NONE		
DOT Classifications: NONE		
Name of HAULER (print or type):	Liguio	5 11 21
Business address: $SO(0) = SO(0) = SO(0)$ (STREET)	DOMER RA.	SDRINGFIELD Oh.
	Pick-un:	Times::pm
Waste Hauler's Permit No. (if applicable):		
We certify that the described waste will be delivered	_	
	Hu	n L. I love lan
The HAULER shall retain Copy 3 after delivery.		RE OF HAULER OR AUTHORIZED AGENT AND TITLE
We certify that the above described waste was deliver		·
and labelled and are in proper condition for tra		Is are properly classified, described, packaged, marked to the applicable regulations of the Department of
Transportation. 7-79	Mluc	Edletelle
DATE The GENERATOR shall retain Copy 2 of this manife		GENERATOR OR AUTHORIZED AGENT AND TITLE
THE GENERAL OR SHAIL RETAIN COPY 2 OF THIS MAINTE	starter completing the	GENERATOR and WASTE DESCRIPTION portions.
	rl	
11. DISPOSER OF WASTE (Must be filled in by dispose		
II. DISPOSER OF WASTE (Must be filled in by dispose Name (print or type):		
11. DISPOSER OF WASTE (Must be filled in by dispose		
II. DISPOSER OF WASTE (Must be filled in by dispose Name (print or type): Site Address:	described waste to this	s disposal facility.
II. DISPOSER OF WASTE (Must be filled in by dispose Name (print or type): Site Address: We certify that the hauler named above delivered the	described waste to this	s disposal facility.
II. DISPOSER OF WASTE (Must be filled in by dispose Name (print or type): Site Address: We certify that the hauler named above delivered the Permit No.	described waste to this	s disposal facility.